COUNTY BOROUGH OF SOUTHEND-ON-SEA

REPORT

ON THE WORK OF

PUBLIC HEALTH DEPARTMENT

and SCHOOL HEALTH SERVICE

For the Year 1960

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COUNTY BOROUGH OF SOUTHEND-ON-SEA

HEALTH COMMITTEE

Chairman:

Alderman Mrs.M.Broom

Vice-Chairman:

Councillor Mrs.H.Crawford

The Mayor

Alderman Mrs.C.Leyland,O.B.E.
Councillor J.S.Bryden
Councillor Mrs.M.Bullock
Councillor M.F.Burns
Councillor M.Burstin.
Councillor Miss R.E.Currie
Councillor R.C.Cox
Councillor D.E.Evans, M.I.P.R.,
Councillor F.S.Handy
Councillor S.Holden,A.A.C.C.A.(Hons.)
Councillor Mrs. G. Poole
Councillor E.J.Pollitt
Councillor S.J.Sims.

Co-opted Members :

G.Foster-Taylor,Esq.
Dr.B.Quinn
Mrs.L.R.Lewis

CARE, AFTER-CARE AND WELFARE SUB-COMMITTEE

The Council Members of the Health Committee, together with G.Foster-Taylor, Esq., Rev.J.D.Mann, M.A., and M.Hogg, Esq.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE

The Council Members of the Health Committee, together with Mrs.L.R.Lewis, Dr.B.Quinn and Miss E.Fowler.

RESIDENTIAL ACCOMMODATION SUB-COMMITTEE

The Council Members of the Health Committee, together with Mesdames L.R.Lewis and F.E.Monk, and Miss E.Fowler.

JOINT HEALTH AND EDUCATION COMMITTEE

Chairman: Councillor R.J.Watts, M.Ch.S.,M.R.I.P.H.H.

Vice-Chairman: Alderman Mrs.M.Broom

The Mayor

Alderman Mrs.C.Leyland,O.B.E.
Alderman A.V.Mussett
Councillor Mrs.M.Bullock
Councillor Mrs.H.Crawford
Councillor Miss R.E.Currie
Councillor S.Holden,A.A.C.C.A.(Hons.)
Councillor E.W.Penn,T.D.,A.C.I.I.
Councillor Mrs.G.Poole
Councillor S.J.Sims
W.A.Waller, Esq.,B.Comm.,F.C.S.,J.P.

Municipal Health Centre,

Warrior Square,

Southend-on-Sea.

Telephone: Southend 49451

ANNUAL REPORT

The report, compiled in accordance with Ministry of Health Circular 1/61, records the achievements of the staff of the Public Health Department and reflects the consideration and support we continue to receive from the Committees we serve.

To all I am more indebted than I can say.

J. Sunman Nolan.

MEDICAL OFFICER OF HEALTH

VITAL STATISTICS 1960

POPULATION

Census 1951	151,806
At mid-year 1960 as estimated by Registrar General	160,120
At mid year 1939 as estimated by Registrar General	137,800
Census 1961 (Preliminary Report)	164.976

		SOUTHNED-on-SEA	England and Wales
		Rates per 1,000 population	
Births: Live-			
Total	2,224	*14.72	17.1
Males 1,146			
Females 1,078			
		Rates per cent of Total Live Births	
Illegitimate Live Births			
Total	143	6.43	5.4
		Rates per 1,000 Total Births	
Births: Still -			
Total	26	11.56	19.8
Males 14			
Females 12			
Births: Live and Still-			
Total	2,250		
Males 1,160			
Females 1,090			
		Rates per 1,000 Live Births	
Deaths from all causes under 1 year of age			
Total	42	18.88	21.9
Males 25			
Females 17			
		Rates per 1,000 Live Related Births	
Legitimate	39	18.74	
Illegitimate	3	20.98	
		Rates per 1,000 Live Births	
Neo-natal deaths: (under 4 weeks)			
Total	30	13.49	15.6
Males 20			
Females 10			
Early Neo-natal deaths: (under 1 week)			
Total	26	11.69	13.4
Males 17			
Females 9			
		Rates per 1,000 Total Births (live and still)	
Perinatal Mortality: (Stillbirths and early neo-natal deaths combined)	52	23.11	32.9
Women dying in, or in consequence of, childbirth	-	-	0.39
		Rates per 1,000 Live Births	
Deaths from Enteritis and Diarrhoea under 2 years of age	1	0.44	0.52
		Rates per 1,000 Population	
Deaths:			
Total	2,203	*11.55	11.5
Males 1,075			
Females 1,128			

		SOUTHEND-ON-SEA	*England and Wales*
		Rates per 1,000 Population	
Deaths from:			
Whooping Cough	-	-	0.00
Diphtheria	-	-	0.00
Respiratory Tuberculosis	10	0.06	0.07
Influenza	6	0.03	0.02
Acute Poliomyelitis	-	-	0.00
Pneumonia	111	0.69	0.55
Cancer of Lung and Bronchus	105	0.66	0.48
Males 88		1.22	0.86
Females 17		0.19	0.13

NOTE: (1) The rates marked * are adjusted rates, being calculated by multiplying the "crude"rates by comparability factors namely Births 1.06 Deaths 0.84.

(2) The Rates for England and Wales are based by the Registrar General on the quarterly returns and are "provisional".

POPULATION

The estimated mid-year population was 160,120, being 1,320 more than mid-1959. (The 1961 census preliminary figure was 164,976).

BIRTHS

There were 2,224 live births, 116 more than in the previous year, and the highest since the "bulge" of 1946 to 1949. The last decade has vindicated the views expressed about the likely trend of the birth rate in Southend-on-Sea and it appears probable that in the immediate future the total births will be of the order of 2,250 - 2,500 per annum.

Illegitimate births totalled 143, the same as in the previous year.

Stillbirths

The 26 stillbirths registered during the year were 10 fewer than in 1959 and at 11.56 per thousand represent a substantial improvement on the national rate.

DEATHS

The deaths of 2,203 residents were registered during the year, the comparable figure for 1959 being 2,290. Male mortality rose by 32 to 1,075 and female mortality fell by 119 to 1,128.

Tuberculosis

There were 10 deaths from pulmonary tuberculosis, 6 male and 4 female. The rate of 0.06 per thousand population is now only slightly below the national rate of 0.07 per thousand.

Cancer

There were 416 deaths (224 male and 192 female) 1 more than in 1959.

Lung and Bronchus Cancer

It will be seen from the following table that there has been no significant alteration in the total of deaths from this cause since 1956:-

Year	Male	Female	Total
1950	37	12	49
1951	70	14	84
1952	74	14	88
1953	61	9	70
1954	58	12	70
1955	43	3	46
1956	81	16	97
1957	89	12	101
1958	88	16	104
1959	79	20	99
1960	88	17	105

Vascular Lesions of the Nervous System

There were 324 deaths (107 males and 217 females) from these causes.

Heart Diseases

These caused 763 deaths (385 males and 378 females) 37 less than in 1959.

Violence

Motor vehicle accidents caused 13 deaths (8 males and 5 females), and other accidents 35, compared with 60 in 1959. Deaths from suicide totalled 27, of these 1 male was aged between 15 - 25; 2 between 25 - 45; 3 between 45-65 and 3 between 65-75. Of the female suicides 1 was aged between 15-25; 3 were in the age group 25-45; 5 between 45-65 and 4 between 65-75. The over 75's contributed 5 deaths.

Infant Mortality

Stillbirths and early neo-natal deaths largely result from the same causes. As chance can play some part in determining to which category foetal loss may be assigned, it is the combination of stillbirths and early neo-natal deaths in the perinatal mortality which is significant.

The perinatal rate declined from 25.19 per thousand total births to 23.11 as compared with 32.9 which is the national figure. The mortality under four weeks and mortality under one year both compare favourably with the national rates but they are founded on the excellent experience of the intra-natal period.

Maternal Mortality

For the **FOURTH** time in the history of the Borough and for the **THIRD** successive year, no woman died from maternal causes.

Deaths of Children of School Age

There were 5 deaths of children, 3 boys and 2 girls, aged 5 to 15.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical and Dental Staff: Whole Time.

James Stevenson Logan, M.B., Ch.B., D.P.H. Medical Officer of Health; Principal School Medical Officer.

John Conway Preston, M.R.C.S. (Eng.), L.R.C.P. (Lond.) D.P.H., Deputy Medical Officer of Health; Deputy Principal School Medical Officer.

John Greenhalgh, M.B., B.S. (Lond.) M.R.C.S. (Eng.), L.R.C.P., D.A., Assistant Medical Officer of Health; School Medical Officer.

Dorothy Irene Klein, M.B., Ch.B., D.Obst.R.C.O.G., Assistant Medical Officer of Health; School Medical Officer, (granted leave of absence from 1.10.60)

Marion Harrison, M.B., B.S. (Durham), D.P.H., Assistant Medical Officer of Health; School Medical Officer.

Mavis Gloria Read, M.B., B.S. (Lond.), Assistant Medical Officer of Health; School Medical Officer. Appointed 19.9.60 (Temporary).

Edgar Crees Austen, L.D.S., R.C.S. (Eng.), Principal School Dental Officer.

Medical Staff and Dental Staff: Part Time.

Flora Bridge, M.B., B.S., F.R.C.S., Obstetric Adviser, Consultant Obstetrician and Medical Supervisor of Midwives.

E. G. Sita-Lumsden, M.A., M.D. (Cantab.), M.R.C.P., M.R.C.S., Consultant Physician for Tuberculosis.

Joan Lydia Lush, M.B., B.S., B.Sc., M.R.C.S. (Eng.), L.R.C.P. (Lond.), Medical Officer, Southchurch Infant Centre.

Mary Cecilia Maley, B.A., M.B., B.Ch., B.A.O., Medical Officer, Westcliff Infant Clinic and Shoeburyness Infant Clinic.

Keith Edwin Mortimer, M.R.C.S., L.R.C.P., Medical Officer, Leigh Infant Clinic.

Mary Wood, M.B., B.S., M.R.C.S., L.R.C.P., Medical Officer, Southend Infant Centre (Paediatric Registrar, General Hospital, Southend-on-Sea). Until 31.7.60.

Mohammed Yusuf Siddiqui, M.B., B.S., D.T.M. & H., Medical Officer, Southend Infant Centre (Paediatric Registrar, General Hospital, Southend-on-Sea). From 7.8.60.

G. Thornton Dudley M.B., B.Ch., Medical Officer, Southend Ante-Natal Clinic.

Principal Lay Officer, Chief Welfare Officer, and Ambulance Officer:
Ernest A. Beasant, M.B.E.

Chief Clerk:
W. Knowles.

Deputy Chief Welfare Officer:
K. Golding

Senior Administrative Assistant:
S. F. Jupp

Administrative Assistant:
Miss A. M. Roberts.

Health Visitors and School Nurses:
Superintendent: Miss E. M. M. Roberts (a), (b), (c), (cc), (h),
Miss M. N. Withams (a), (b), (c), (cc).
Miss D. E. Stevens (a), (b), (c), (d).
Mrs. A. M. Hart, (a), (b), (c), (e).
Miss F. L. Blackbourn (a), (b), (c).
Mrs. J. M. Fairfax (a), (Ib), (c), (i).
Mrs. U. MacGrath (a), (b), (c), (h),
Miss M. Brennan (a), (b), (c), (d).
Miss J. M. Gaillard (a), (Ib), (c).
Miss K. Noonan (a), (b), (c), (d), (e).
Mrs. L. Williams (formerly Roshier) (a), (Ib), (c).
Miss P. M. Reeves (a), (b), (c).
Miss R. G. H. Payne (a), (b), (c). Resigned 17.9.60
Miss M. M. Braun (a), (b), (c).
Mrs. D. E. Imbush (nee Bicknell) (a), (b), (c). Resigned 19.8.60.
Miss J. N. Hoare, (a), (b), (c), (h). Resigned 4.12.60

Student Health Visitors:
Mrs. D. J. Christian (a), (b). Resigned 20.3.60
Miss M. K. Bernas (a), (b). Appointed 25.4.60
Miss V. L. Williams (a), (Ib). Appointed 25.4.60
Miss B. E. Hobbs (a), (b), (d). Appointed 5.9.60

Tuberculosis Health Visitor:
Mrs. C. M. Wilson (a), (b), (c).

Municipal Midwives:
Miss K. Boosey (b).
Miss W. M. Randall (a), (b).
Mrs. P. Priest (b).
Miss R. Hodges (b).
Mrs. C. M. Guildford (a), (b).
Mrs. S. A. Franklin (a), (b).
Miss V. F. Dermott (a), (b), (d).
Mrs. M. I. Laker (a), (b), (d).
Miss I. A. Milne (a), (b).
Mrs. E. May (a), (b).
Mrs. I. I. Bellis (a), (b).
Mrs. C. Caveney (a), (b). Appointed 1.6.60.

District Nurses:
Full-time Staff:
Superintendent of District Nurses and Midwives:
Miss D. G. Head (a), (b), (c), (d).

Deputy Superintendent of District Nurses and Midwives:

Miss G.M.Willcocks (a). (b), (c), (d), (h). Resigned 7.1.60
Miss D.Heaton (a), (b), (c),(d). Appointed 1.2.60
Miss C.Gallehawk (a).
Mrs.R.R.Clark (a), (d).
Miss F.Poskitt (a), (h).
J.Guildford (a),(d).
Miss W.M.Haines (a).
Miss V.H.Hart (a),(d).
Miss S.M.Cossham (a), (d).
Miss V.A.Hicks (a), (Ib),(d).
Mrs.E.B.Beckwith (a).
Miss J.Banks (a), (b).
Miss B.E.Hobbs (a), (b), (d). Resigned 4.9.60
Mrs.D.Jordan (a),(d). Resigned 30.9.60
Mrs. R.Blake (a).
Mrs.A.Hillman (e).
Miss N.Grant (a), (b), (d).
Mrs.E.Dollemore (a). Resigned 30.4.60
Miss G.M.Simpson (a), (b), (d).
Miss D.M.Feldman (a).
Mrs.F.B.Monk, (a), (b),
Miss B.Bower (a), (b), (d).
Mrs.D.M.McCrea (a), (b).
Mrs.J.M.Stewart (a). Resigned 29.2.60
L.B.Dawson (a), (d).
Mrs.E.D.Dawson (a).
B.Buckland (a), (d). Appointed 5.2.60
W.Whiteman (a), (d), Appointed 28.3.60
Miss G.V.Hill (a), (Ib), (d). Appointed 2.5.60
Miss R.Bird (a), (Ib), Appointed 4.10.60
Miss P.E.Day (a) (d), (h). Appointed 3.10.60

Part-time Staff:

Mrs.V.M.Baker (a),(b).
Mrs.C.Cumberland (a).
Miss H.Maddox (a).
Mrs.I.Beckwith (a).
Mrs.C.Jolly (a).
Mrs.M.Walters (a). Resigned 27.5.60
Mrs.M.I.Hemmings (a).
Mrs.A.Ayres (a), (b). Resigned 30.9.60.
Mrs.H.E.H.Riley (a), (b). Appointed 23.2.60
Mrs.G.Rowe (a), (b). Appointed 8.8.60

a = State Registered Nurse
Ib = Part I, Midwifery Certificate
b = State Certified Midwife
c = Health Visitor's Certificate
cc = Battersea Polytechnic Health Visitor's Diploma
d = Queen's Nurse
e = Certificate of R.M.P.A.
f = State Registered Mental Nurse
g = State Enrolled Assistant Nurse
h = State Registered Fever Nurse
i = Diploma in Social Studies, University of London
j = Midwife Teacher's Diploma

Chief Public Health Inspector:

R. A. Drake, B. E. M., F. R. S. H.

Deputy Chief Public Health Inspector:

A. C. Arnold (k), (l).

Public Health Inspectors:

E. A. Smith (k), (l).
A. E. Riches (k), (l).
A. G. Nightingale (k), (l).
D. G. Paterson (k), (l).
L. G. Owen (k), (l).
G. L. Cline (k), (l).
J. H. Bullock (k).
E. D. Long (k).
J. E. H. Hillier (k). Resigned 30. 11. 60.
D. F. Edge (k).
M. E. Salmon (k). Appointed from training 23. 3. 60.

k = Certificate of R.S.H. and Sanitary Inspectors Examination Joint Board

l = Certificate of R.S.H. for Inspection of Meat and Other Foods.

Pupil Public Health Inspectors:

J. A. Griffin.
J. J. Knight. Appointed 8. 8. 60

Hygiene Assistant:

G. C. Reynolds.

Rodent Officer:

G. Wheeler.

Home Teachers to the Blind:

Miss N. G. Westby, Certificated Home Teacher.
Mrs. M. G. Dobbs, Certificated Home Teacher.

Mental Health Officer:

Mrs. B. D. B. E. Pearce, Diploma in Social Psychology, University of London.

Mental Welfare Officers:

E. W. Smith. Resigned 31. 12. 60
G. Dawson. Resigned 8. 9. 60
K. Tolley. Appointed 9. 9. 60

Supervisor of Home and Domestic Helps:

Mrs. F. E. M. Goddard

Superintendent of Connaught House:

W. L. Jones

Matron of Crowstone House:

Mrs. F. M. Ratcliffe

Matron of Pantile House:

Mrs. R. S. Keen

Supervisor of Junior Training Centre:

Miss V. E. W. Hodgson

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Economic and social changes continued adversely to affect the recruitment of staff. A society as highly organised as our own, seemingly cannot find sufficient individuals with intelligence, initiative and the willingness to accept responsibility.

Teaching, nursing and social work are no longer, as in the past, the main acceptable alternatives to clerical employment for women of good education, nor do economic uncertainties now encourage the postponement, if not the avoidance, of marriage. Today the opportunities offered to young women are always expanding while they. with a sure instinct, are entering upon marriage at a younger age.

The effects on your service of this competition from opportunity and matrimony are made worse by the disadvantages that come from the National Health Service being the largest employer of the professions ancillary to medicine, for it not infrequently happens that the maintenance of comparability with National Health Service salaries affects adversely the remuneration of certain grades who are also employed in local government. The shoe pinches with especial tightness for men in the employments which are the traditional fields of women, and the nursing gander finds the sauce for the nursing goose inadequate and unpalatable.

It seems harder than ever to recruit men to a career in local government. The public service has declined in the esteem of those for whom it works, and security is without attraction when all can be secure. The number of persons within the scope of pensions schemes grows year by year and the nice distinctions of our "class" system are being erased in a general disposition to "take the cash and let the credit go".

The solution of our difficulties will, no doubt, be found in making more use of machines and mechanical methods in our organisation, by a better deployment of the scarce technical skills available to us and improved salaries and status for our staffs, but these are changes which can only be expected to come about very gradually.

Dr. Dorothy Klein was granted leave of absence without salary on being accepted for the newly established course in audiology in the Department of the Education of the Deaf at Manchester. Dr. Mavis Read was appointed temporarily in her place.

Dr. Mary Wood, Paediatric Registrar, General Hospital, Southend, was succeeded by Dr. Siddiqui who therefore took over from her one of our infant welfare sessions.

The appointment of Mrs. Christian, a student health visitor, was terminated for domestic reasons shortly before the completion of her

course of training, which seriously upset our calculations. Three additional health visitor students were appointed, two to commence training in April and the third to enter college in September.

Mrs. Imbush, who as Miss Bicknell had trained as a health visitor the previous year, resigned on completion of her post-graduate year of service to live in another part of England.

Increased demands for the services of the municipal midwives caused the Committee to fill its establishment of 12 at the beginning of June by the appointment of Mrs. Caveney.

At the commencement of the year Miss G.M. Willcocks, deputy superintendent of district nurses and midwives, resigned on appointment as assistant superindent nursing officer to the Salop County Council, being succeeded by Miss D. Heaton, assistant superintendent with the Hackney District Nursing Association.

The customary number of changes in the Home Nursing Service occurred. Miss Hobbs left to undertake sponsored health visitor training and Mrs. Jordan resigned comparatively soon after her marriage. Miss G. Hill commenced duty on the completion of her sponsored district training, Miss P. Day and Miss R. Bird joined the staff, while Mrs. Ayres left to undertake a short period of employment in the Maternity Unit at Rochford Hospital prior to rejoining the staff as a domiciliary midwife. Mr. B.W. Buckland began duty as a district nurse at the beginning of February, on completion of his Queen's Institute training and Mr. Whiteman was appointed to fill the remaining vacancy.

Mr. Salmon, a pupil public health inspector, qualified and was appointed inspector in March. Both he and Mr. Edge obtained the Certificate for the Inspection of Meat and Other Foods during the year. Mr. Hillier resigned at the end of November to accept another appointment before completing two years service subsequent to completion of training.

The passing of the Mental Health Act caused many health authorities to augment their staffs, so making many opportunities for the promotion of experienced mental welfare officers. In September Mr. Dawson obtained a senior appointment with the London County Council and Mr. K. Tolley who, in his service in your general office, had showed aptitude for dealing with people, was promoted to fill the vacancy. At the end of the year the other mainstay of this section, Mr. Smith, also obtained a senior appointment with the London County Council.

The staff of the Junior Training Centre was augmented by the appointment of Mrs. Skeet as assistant teacher in September.

ADMINISTRATION

PUBLIC HEALTH ACTS, 1936 etc.

NATIONAL HEALTH SERVICE ACTS, 1946 - 1952

NATIONAL ASSISTANCE ACTS, 1948 - 1951

MENTAL HEALTH ACT, 1959

The Council's Public Health functions are carried out by the Health Committee which, in addition to the duties ordinarily assigned to a Committee so titled, is responsible for the authority's functions under the National Assistance Act, 1948. (Section 50 excepted).

The Health Committee consists of 15 members of the Council, together with 3 co-opted members representing the Southend Group (No.15) Hospital Management Committee, the Southend Local Executive Council and the Southend Local Medical Committee respectively.

There are three Sub-Committees viz:-

Maternity and Child Welfare Sub-Committee.
Care, After-Care and Welfare Sub-Committee.
Residential Accommodation Sub-Committee.

Each consists of the Council members of the Health Committee, together with three co-opted members who have special experience of the work assigned to the respective Sub-Committees.

The Maternity and Child Welfare Sub-Committee deals more specifically with the ante-natal and post-natal clinics, the infant welfare centres, the domiciliary midwifery service and the home help scheme.

The Care, After-Care and Welfare Sub-Committee deals with prevention, after-care, rehabilitation and convalescence, mental health, and the welfare of handicapped persons.

The Residential Accommodation Sub-Committee's duties are made clear by its title.

Delegated Powers

The acts and proceedings of the Health Committee in respect of the following matters are deemed to be the acts and proceedings of the Council.

The Nurses Act, 1943 (Part II).
The Registration of Nursing Homes under the Public Health Act, 1936, and Nurses Agencies under the Nurses Agencies Act, 1957.
The Southend-on-Sea Corporation Act, 1947, Sections 122-125, 131, 133, 134, 143-145, 181 and 182.

Carrying out the powers and provisions of the Public Health Acts and Nurseries and Child Minders Regulation Acts, Food and Drugs Act, the Factories Act, 1937 and any Act or Acts or Byelaws in force within the Borough regarding moveable dwellings, public health, infectious diseases, nuisances, common lodging houses, regulations for dustbins and sanitation.

The Medical Officer of Health is generally responsible for control, supervision and co-ordination of the services, while his deputy is more particularly concerned with the School Health Service, infectious diseases, mental subnormality and general assistance with administration. The principal lay officer and chief welfare officer is responsible for the day to day administration of after-care, welfare and residential accommodation, as well as the supervision of the ambulance service, the domestic help scheme and the general work of the department.

There is a superintendent health visitor, a superintendent of home nursing who also supervises the domiciliary midwifery service, and a supervisor of domestic help. There is no senior nursing officer charged with the over-all co-ordination of these services, the responsible sectional heads being encouraged, and indeed expected, to secure adequate co-operation and mutual help at their own levels. So far these arrangements have proved to be both economical and fully adequate.

EXPENDITURE

Local Health Services Statistics 1959/60 prepared by the Institute of Municipal Treasurers and Accountants and the Society of County Treasurers.

This annual publication receives careful scrutiny, being the subject of a report to the Health Committee each year. Those familiar with it are always impressed by the inexorable growth of expenditure and by the great diversity which must obtain between the services provided by local health authorities.

In Southend, for example, an attendance at a child welfare centre cost 1s.0d. for salaries and wages. The average county borough spent 4s.2d. per attendance, but in Bath the staff costs were 9s.8d. and in Salford 8s.3d. In Southend it cost £15.18s. for every maternity case attended; Bootle provided a service for £12.7s. a case, while in Eastbourne, the average cost was £31.8s.

For all county boroughs the total expenditure per 1,000 population rose from £1,230.13s. to £1,340.9s.; thus the average county borough is now spending £1.6s.9d. per head of population on local health authority services, a rise of 2s.2d. during the year.

Your gross costs have risen from £892.2s. to £935.16s., an increase of £43.14s. per thousand population, as compared with £109.16s. for county boroughs as a whole.

In 1951 your expenditure on the home help service was £107.9s. per thousand population, as compared with the national average of £68.0s. In each successive year the costs, both local and national, have risen *but the disparity between your expenditure and the national average has steadily lessened and finally disappeared,* indeed in 1959/60 your expenditure on this service at £148.9s. per thousand was less, by £14.17s., than the average of £163.6s.

The very considerably increased expenditure reported nationally is accounted for in part by the fact that other local authorities' schemes were not developed as rapidly as your own, but essentially it is the result of the present day insistence on community care and the development of domiciliary services as an alternative to institutional provision.

The examination of these figures confirms your officers in their view that the present level of provision for the home help service is less than adequate for the demands which are being placed upon it and which can confidently be expected in the future.

Care is required in making comparisons from the returns by individual authorities. Attention has always been drawn to the fact that, as you provide no day nurseries, the **real** disparity between your expenditure and the national average is less than would appear.

The following table gives details of the six lowest cost county boroughs when expenditure on day nurseries is excluded.

	Child Welfare Centres	Midwifery	Midwifery Cost per case	Health Visiting	Ambulance Service	Domestic Help	Domestic Help Cost per case	Administration
	£. s	£. s	£. s	£. s	£. s	£. s	£. s	£. s
Chester	45.15	118. 2	14. 2	59. 4	196.12	80. 4	44. 1	130. 2
Birkenhead	80. 8	81.11	13. 1	31.11	274.11	70. 6	22.19	167. 2
Tynemouth	24.14	116.14	20. 3	77. 0	277. 1	16.16	15.13	141.16
Blackpool	85. 7	39.13	14.15	73.15	228. 6	98.17	34.10	194. 0
Liverpool	67.15	89. 2	14. 2	100. 4	190. 1	41. 0	18. 3	111.19
Southend	33.14	80.18	15.16	49.13	182.14	148. 9	23.14	174. 6

The tables which follow are designed to show the range in expenditure on various services returned by the county boroughs of England and the number of authorities in each of the individual expenditure groups. The expenditures of the average authority for 1959 and 1960 are also shown as is the direction in which this average has moved. The same information is given for Southend services.

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION 1959/60 - 83 COUNTY BOROUGHS

Care of Mothers and Young Children				*Midwifery*		*Health Visiting*	
Child Welfare Centres		*Other expenditure, inc. Maternity Sets.*					
Group	No.	Group	No.	Group	No.	Group	No.
Up to £30	2	Nil	3	Up to £50	9	Up to £40	5
£30 - £40 S (s)	3	Up to £5	11	£50 - £60	4	£40 - £50 S (s)	4
£40 - £50	5	£5 - £10 S (s)	16	£60 - £70 (s)	3	£50 - £60	5
£50 - £60	9	£10 - £15	13	£70 - £80	2	£60 - £70	7
£60 - £70	8	£15 - £20 A (a)	15	£80 - £90 S	7	£70 - £80	12
£70 - £80	9	£20 - £25	10	£90 - £100 (a)	5	£80 - £90 (a)	10
£80 - £90 (a)	10	£25 - £30	10	£100 - £110	10	£90 - £100 A	12
£90 - £100 A	10	£30 - £35	-	£110 - £120 A	14	£100 - £110	12
£100 - £125	16	£35 - £40	4	£120 - £130	7	£110 - £120	8
£125 - £150	8	£40 - £45	1	£135 - £140	5	£120 and over	8
£150 and over	3			£140 - £150	4		
				£150 and over	13		

	1959/60	*1958/59*	*1959/60*	*1958/59*	*1959/60*	*1958/59*	*1959/60*	*1958/59*
Average:	£96. 7s.	£85. 5s.	£16. 5s.	£15.15s.	£111. 6s.	£92.19s.	£91. 7s.	£82. 4s.
Southend:	£33.14s.	£35.19s.	£8. 8s.	£9.19s.	£80.18s.	£65. 5s.	£49.13s.	£43.17s.

S indicates group which includes Southend-on-Sea.
A indicates group which includes the average.
(s) indicates group which included Southend-on-Sea in 1958/59.
(a) indicates group which included the average in 1958/59.

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION 1959/60 - 83 COUNTY BOROUGHS

Home Nursing		*Vaccination and Immunisation*		*Ambulance Service*		*Domestic Help*	
Group	No.	Group	No.	Group	No.	Group	No.
£50 - £75	3	£5 - £10	3	£125 - £150	4	Up to £25	1
£75 - £100	9	£10 - £15	3	£150 - £175 (s)	11	£25 - £50	4
£100 - £125	13	£15 - £20 S (s)	20	£175 - £200 S	11	£50 - £75	5
£125 - £150 A (a) (s)	17	£20 - £25 (a)	6	£200 - £225 (a)	14	£75 - £100	5
£150 - £175 S	14	£25 - £30	9	£225 - £250 A	14	£100 - £125	16
£175 - £200	14	£30 - £35	10	£250 - £275	12	£125 - £150 S (a) (s)	13
£200 - £225	5	£35 - £40 A	9	£275 - £300	9	£150 - £175 A	7
£225 - £250	3	£40 - £45	5	£300 and over	8	£175 - £200	5
£250 and over	5	£45 - £50	6			£200 - £225	7
		£50 and over	12			£225 - £250	7
						£250 and over	13
1959/60 *1958/59*		*1959/60* *1958/59*		*1959/60* *1958/59*		*1959/60* *1958/59*	
Average: £148. 9s. £129.10s.		£38. 2s. £24. 9s.		£229. 1s. £218. 8s.		£163. 6s. £147.12s.	
Southend: £153. 8s. £133.13s.		£19. 3s. £18. 0s.		£182.14s. £173. 4s.		£148. 9s. £143. 6s.	

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ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION 1959/60 - 83 COUNTY BOROUGHS

Prevention of Illness, Care and After-Care				*Mental Health*			
Tuberculosis		*Other Services*		*Occupation Centres*		*Other Services*	
Group	No.	Group	No.	Group	No.	Group	No.
Up to £5	3	Nil	2	Nil	3	£5 - £10	2
£5 - £10	10	Up to £5	13	£10 - £20 (s)	3	£10 - £15	3
£10 - £15	15	£5 - £10 S (s)	15	£20 - £30 S	3	£15 - £20	5
£15 - £20 S (s)	14	£10 - £15	14	£30 - £40	7	£20 - £25 S (s)	14
£20 - £25 (a)	6	£15 - £20	12	£40 - £50 (a)	14	£25 - £30	8
£25 - £30 A	13	£20 - £25 (a)	8	£50 - £60 A	18	£30 - £35 (a)	12
£30 - £35	8	£25 - £30 A	5	£60 - £70	11	£35 - £40 A	12
£35 - £40	6	£30 - £35	1	£70 - £80	6	£40 - £45	5
£40 - £45	4	£35 - £40	5	£80 - £90	7	£45 - £50	8
£45 - £50	2	£40 and over	8	£90 - £100	4	£50 and over	14
£50 and over	2			£100 and over	7		

	1959/60	*1958/59*	*1959/60*	*1958/59*	*1959/60*	*1958/59*	*1959/60*	*1958/59*
Average:	£25. 9s.	£23.15s.	£26. 9s.	£23.14s.	£58.17s.	£51.12s.	£36. 0s.	£31. 2s.
Southend:	£16. 8s.	£16.16s.	£9. 0s.	£7. 4s.	£33. 7s.	£22.13s.	£20.10s.	£22. 1s.

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(a) indicates group which included the average in 1958/59.

ANALYSIS OF NET EXPENDITURE 1959/60 - 83 COUNTY BOROUGHS

PER 1,000 POPULATION

UNIT COSTS

Administration	
Group	No.
Up to £100	4
£100 - £120	7
£120 - £140	5
£140 - £160	9
£160 - £180 S (s)	7
£180 - £200 A (a)	16
£200 - £220	9
£220 - £240	5
£240 - £260	8
£260 - £280	5
£280 - £300	4
£300 and over	4

	1959/60	*1958/59*
Average:	£182. 9s.	£190. 4s.
Southend:	£174. 6s.	£176. 7s.

Child Welfare Centres Cost per attendance	
Group	No.
2s. - 2s.11d.	3
3s. - 3s.11d.	6
4s. - 4s.11d. S	7
5s. - 5s.11d. (s)	16
6s. - 6s.11d.	14
7s. - 7s.11d. A (a)	9
8s. - 8s.11d.	10
9s. - 9s.11d.	8
10s. and over	10

1959/60	*1958/59*
7s. 8d.	7s. 6d.
4s. 3d.	5s. 8d.

Midwifery Cost per Maternity Case Attended	
Group	No.
Up to £10	1
£10 - £11	2
£11 - £12	2
£12 - £13 (s)	10
£13 - £14 (a)	11
£14 - £15	15
£15 - £16 A S	11
£16 - £17	8
£17 - £18	5
£18 - £19	5
£19 - £20	2
£20 and over	11

1959/60	*1958/59*
£15. 3s.	£13. 5s.
£15.16s.	£12. 4s.

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(s) indicates group which included Southend-on-Sea in 1958/59.

(a) indicates group which included the average in 1958/59.

UNIT COSTS 1959/60 - 83 COUNTY BOROUGHS

Health Visiting Cost per effective visit		*Home Nursing Cost per visit*		*Domestic Help Cost per case*		*Occupation Centre Cost per attendance*	
Group	No.	Group	No.	Group	No.	Group	No.
2s. - 2s.11d.	3	Up to 3s. 5d.	1	£15 - £20	8	Up to 9s.11d.	6
3s. - 3s.11d.	3	3s. 6d. - 3s.11d. (s)	2	£20 - £25 S (s)	14	10s. - 10s.11d.	4
4s. - 4s.11d.	11	4s. 0d. - 4s. 5d.	11	£25 - £30	23	11s. - 11s.11d.	5
5s. - 5s.11d. S (s)	14	4s. 6d. - 4s.11d. S (a)	19	£30 - £35 A (a)	18	12s. - 12s.11d.	6
6s. - 6s.11d. (a)	12	5s. 0d. - 5s. 5d. A	8	£35 - £40	9	13s. - 13s.11d. (s)	4
7s. - 7s.11d. A	12	5s. 6d. - 5s.11d.	13	£40 - £45	5	14s. - 14s.11d. S	7
8s. - 8s.11d.	7	6s. 0d. - 6s. 5d.	10	£45 - £50	4	15s. - 15s.11d. A (a)	9
9s. - 9s.11d.	10	6s. 6d. - 6s.11d.	7	£50 and over	2	16s. - 16s.11d.	6
10s. and over	11	7s. 0d. - 7s. 5d.	7			17s. - 17s.11d.	9
		7s. 6d. and over	5			18s. - 18s.11d.	3
						19s. - 19s.11d.	3
						20s. - and over	18

	1959/60	*1958/59*	*1959/60*	*1958/59*	*1959/60*	*1958/59*	*1959/60*	*1958/59*
Average:	7s. 4d.	6s. 7d.	5s. 5d.	4s. 7d.	£30. 7s.	£30. 2s.	15s.10d.	15s.10d.
Southend:	5s. 3d.	5s. 5d.	4s.11d.	3s.10d.	£23.14s.	£23.14s.	14s. 2d.	13s.11d.

S indicates group which includes Southend-on-Sea. (s) indicates group which included Southend-on-Sea in 1958/59.

A indicates group which includes the average. (a) indicates group which included the average in 1958/1959.

Welfare Services Statistics 1959/60 prepared by the Institute of Municipal Treasurers and Accountants and the Society of County Treasurers.

Some reiteration is unavoidable in successive reports and no apology is made for commenting once more on the scope of your provision for the aged. Mental deterioration more than any other single factor makes residential accommodation necessary, although physical causes are also significant. Mental changes range from slight memory loss, impaired judgment, obstinacy and suspicion, to the grossest confusion and disturbance of conduct. The deteriorated are dealt with either by the National Health Service in its hospitals or by the Welfare Authorities in their Part III accommodation, and the frontier between them seems to be drawn rather differently in various parts of the country. These differences follow no discernable pattern, but appear the results of historical development and administrative accident.

The Ministry of Health expects a reduction of about 70,000 beds for the mentally disordered during the next fifteen years. In consequence, welfare authorities will come under pressure either to accept or retain, patients whom the hospitals can or will no longer accommodate. It is important that there should be a clear understanding about the position in Southend lest the disproportionate burden which you have shouldered since 1948 be not further and most inequitably increased.

The figures require but little comment. You had in Part III residential beds 564 residents; that is 3.55 per 1,000 population, the highest proportion of any County Borough. The national average was 2.09 per 1,000. This disparity could only be explained by one or more of the following assumptions:-

(a) your criteria for admission are less rigid than is customary,

(b) you are catering for persons who in other parts of the country would, while requiring this form of assistance, be unable to obtain it,

(c) you are caring for persons who, in other parts of the country, are the concern of other agencies.

Assumption (a) is untenable. Your criteria for admission have perforce to be more severe than is desirable and your officers would like to be able to do more to share the burden with those families who continue to look after their aged and difficult relatives; (b) would probably apply to some areas to a limited

extent, but (c) is generally conceded to be the correct explanation

It is foreseen that in the future there will be sustained pressure on you to expand your provision beyond what is now envisaged. There are some fields, for example the younger disabled, the adult subnormal and the younger recovered or improved psychotic, where this will be necessary, but in general terms the opinion of your officers is that you are doing today what many reluctant authorities will be coerced into doing tomorrow.

Attention is also drawn to your small spending on other welfare services. This work is bound to grow as quickly as the necessary staff can be recruited and provided with suitable offices and ancillary services.

Your welfare services cost £635. 8s. per 1,000 population, £34.15s. above the average, but of this amount £513.10s. goes to the provision of residential homes, whereas the national average is only £371. 9s. When the returns are looked at two conclusions can be reached, namely, that your services are not so much starved as under-developed, or that other authorities are extravagant. There is some truth in both. Blind Welfare costs £20.18s. per 1,000 population in Southend and £83. 9s. in the country generally. You spent £3.16s. per 1,000 population on the physically handicapped whereas the average county borough's bill is £17. 8s.

The conclusions seem clear. Your spending on all welfare services must increase in the years to come. The gap between what you spend on residential accommodation and what other authorities provide will steadily close, indeed it is already doing so, but the total bill must inevitably rise.

The Table shews the expenditure etc. on residential accommodation of authorities providing more than 3 beds per 1,000 population.

	Residential Accommodation		*Welfare Services Grants per 1,000*
	Beds per 1,000 population	*Expenditure per 1,000*	
		£ s.	£ s.
Southend	3.55	513. 10.	2. 8.
Bournemouth	3.25	436. 6.	6. 2.
Burnley	3.02	475. 2.	20. 2.
Chester	3.06	431. 6.	-
Halifax	3.29	389. 18.	30. 0.
Lincoln	3.05	527. 1.	8.
Portsmouth	3.19	531. 3.	31. 12.

		Counties (excluding London)	County Boroughs	All Authorities	Southend
Persons accommodated on night of 31st December, 1959.	Residential Accommodation	44,963	28,411	81,806	564
	Temporary Accommodation	2,385	1,345	5,876	-
	Per 1,000 population	1.66	2.19	1.93	3.55
Persons on register at 31st March, 1960.	Blind Persons	71,999	38,382	120,293	550
	Deaf and Dumb Persons	12,476	9,361	21,931	1
	Physically Handicapped	50,359	33,155	88,425	86
	Hard of Hearing	8,272	6,472	15,099	22
Analysis of Net Expenditure and Grants per 1,000 Population:-		£ s. d.	£ s. d.	£ s. d.	£ s. d.
Total Residential Homes		283.12. 0.	371. 9. 0.	325.19. 0.	513.10. 0.
Total Temporary Accommodation		2.18. 0.	6.11. 0.	5. 9. 0.	- - -
Total Residential and Temporary Accommodation		286.10. 0.	378. 0. 0.	331. 8. 0.	513.10. 0.
Special Welfare Services - Blind Persons		39. 1. 0.	83. 9. 0.	53. 2. 0.	20.18. 0.
- Other Services		15.12. 0.	26. 3. 0.	20.15. 0.	5.18. 0.
Other Expenses		74.13. 0.	101. 1. 0.	85. 6. 0.	69. 5. 0.
Total Net Expenditure chargeable to Rates and Grants		429.15. 0.	600.13. 0.	504. 5. 0.	635. 8. 0.
Welfare Service Grants		6. 4. 0.	20.17. 0.	11. 4. 0.	2. 8. 0.
Net Rate Borne Expenditure		423.11. 0.	579.16. 0.	493. 1. 0.	633. 0. 0.
Cost per Resident Week					
Residential Homes for over 50 persons provided by the Authority		5.11. 7.	5.15. 6.	5.13. 6.	5. 5. 2.

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION 1959/60 - 83 COUNTY BOROUGHS

Residential Homes		*Blind Persons*		*Physically Handicapped*		*Other Services*	
Group	No.	Group	No.	Group	No.	Group	No.
£100 - £149	-	£10 - £19 (s)	1	Under £2	8	Under £2 (s)	13
£150 - £199	4	£20 - £29 S	6	£2 - £4 S	7	£2 - £4 S	14
£200 - £249	8	£30 - £39	8	£4 - £6	4	£4 - £6	9
£250 - £299	9	£40 - £49	7	£6 - £8	7	£6 - £8 (s)	9
£300 - £349 (a)	12	£50 - £59	10	£8 - £10	4	£8 - £10 A	11
£350 - £399 A	10	£60 - £69	7	£10 - £12	3	£10 - £12	6
£400 - £449	13	£70 - £79	5	£12 - £14 (a)	7	£12 - £14	-
£450 - £499	12	£80 - £89 A (a)	6	£14 - £16	6	£14 - £16	2
£500 - £549 S (s)	7	£90 - £99	7	£16 - £18 A	6	£16 - £18	3
£550 and over	8	£100 and over	26	£18 - £20	4	£18 - £20	2
				£20 and over	27	£20 and over	14

	1959/60	*1958/59*	*1959/60*	*1958/59*	*1959/60*	*1958/59*	*1959/60*	*1958/59*
Average:	£371. 9s.	£339.18s.	£83. 9s.	£80. 0s.	£17. 8s.	£13. 7s.	£8.15s.	£7.18s.
Southend:	£513.10s.	£502.12s.	£20.18s.	£19. 5s.	£3.16s.	-	£2. 2s.	£1.18s.

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Section 22, Care of Mothers and Young Children.

Clinics

INFANT CLINICS. These were held at 2.15 p.m. as under.

Shoeburyness:
Council Offices, High Street, Doctor's Clinic 1st and 3rd Tuesdays.
Health Visitor's Clinic on other Tuesdays.

Leigh-on-Sea:
70 Burnham Road, Mondays and Thursdays.

Southend-on-Sea (Southend and Southchurch):
Municipal Health Centre, Mondays, Tuesdays, Thursdays and Fridays.

Eastwood:
Eastwood Baptist Church Hall, 2nd and 4th Fridays -
Until 1.4.60: thence weekly - Health Visitor's Clinic.

Westcliff:
St. Andrew's Church Hall, Wednesdays and Fridays.

North Avenue:
Ferndale Road Baptist Church, Wednesdays - Health Visitor's Clinic.

Manners Way:
St. Stephen's Church, Tuesdays - Health Visitor's Clinic.

Thorpe Bay:
St. Augustine's Church Hall, Alternate Fridays - Health Visitor's Clinic.

Blenheim:
St. James's Church Hall, Alternate Wednesdays - Health Visitor's Clinic.

Attendances at Clinics

	Southend	Southchurch	Leigh	Shoebury	Eastwood	Westcliff	Manners Way	North Avenue	Thorpe Bay	Blenheim	TOTAL
No. of sessions held	100	101	97	48	44	102	44	49	24	26	635
No. of individuals who attended and who at the end of the year were:											
Under 1 ...	200	190	231	92	125	339	70	123	83	62	1515
Aged 1 year ...	91	178	169	80	68	269	60	89	46	44	1094
Aged 2 to 5 ...	170	208	165	65	27	186	19	39	13	19	911
Total attendances of:											
Infants under 1	3133	2837	2624	1319	1169	4498	1112	1805	660	719	19876
Children aged 1 year ...	423	568	436	317	135	507	103	233	105	87	2914
Children aged 2 to 5 ...	227	236	218	115	9	253	4	26	4	9	1101
No. of children aged 1 to 5 subjected to routine medical inspections ...	208	336	288	68	†	341	†	†	†	†	1241

† A Medical Officer does not attend these Clinics

Clinic Premises

Progress with the Westborough Road Clinic has been disappointingly slow. The site is small and to meet our needs we must make the best use of every inch of it. Negotiations concerning the natural lighting of property next door were necessary and when compensation had at last been agreed, permission to enter to carry out our building work had to be obtained. In the midst of the negotiations there was a change of ownership and so a fresh start, with all its consequential delays, had to be made.

The joint project for a library and a clinic at Kent Elms Corner made satisfactory planning progress during the year but, at this time of writing, it looks very much as though traffic considerations may threaten the whole future of the scheme.

Infant Clinics

Once again there is little significant change to report. Attendances at the central clinics fell off, especially in the western half, but at Eastwood, where from 1st April onwards the health visitor's clinic was held weekly instead of twice monthly, and at Thorpe Bay, they increased.

This comparative stability of clinic attendances may mean that an equilibrium has been established to remain undisturbed until changes in the outlook and methods of health teaching occur. On the other hand, it may be that, beneath a deceptively calm surface, there are at work forces which will eventually take us by surprise.

With the coming of the National Health Service, availability of free medical advice at the clinics ceased to attract. Furthermore the present generation of general practitioners is better taught concerning infant management than its fathers ever were. Allied to this increased interest, which comes from an enhanced ability to deal with the problems of infancy, there is a shrewd appreciation of the importance of the young child in the establishment of a good relationship between the practitioner and the families for whom he is responsible.

In spite of all this the right kind of clinic has a promising future if it offers progressive teaching and opportunities for rewarding social contacts, as there never was a time when fathers and mothers were more anxious to know how best to rear and to understand their children. The physical needs of the child are better understood by more people today than ever, but there is a great ignorance as to his emotional requirements, and those who teach, themselves require more enlightenment and guidance. The pity of it is that those who can themselves teach the teachers, are so few in number and their time is so much taken up with diagnosis and treatment.

Welfare and Other Foods

The distribution of National Dried Milk and vitamins through your clinics and selected retailers was continued. Two proprietors withdrew from the scheme but four others joined it. Total issues compared with previous years are shown in the following table:-

	National Dried Milk tins	*Cod Liver Oil bottles*	*Vitamins A and D packets*	*Orange Juice bottles*
1955	57,742	18,882	7,615	122,270
1956	53,117	16,062	7,846	123,762
1957	45,363	13,473	7,819	130,741
1958	37,173	8,167	8,124	77,472
1959	36,995	7,879	7,975	75,060
1960	35,927	8,091	8,631	73,539

A total of 4,404 tins of National Dried Milk was issued through the infant welfare clinics, a decrease of 373 compared with the previous year. Proprietary foods distributed there totalled 16,224 tins, a decrease of 1,257.

ANTE-NATAL CLINICS

Municipal Health Centre: Monday 9.15 a.m.; Tuesday 9.15 a.m.; Wednesday 2.0 p.m.; Thursday 9.15 a.m. Friday 9.15 a.m.

Leigh Clinic, 70 Burnham Road; Tuesday 2.0 p.m.

Westcliff Clinic, St. Andrew's Church Hall, Electric Avenue; Wednesday 9.15 a.m.

Shoeburyness Clinic, Council Offices, High Street; Monday 2.0 p.m. (2nd and 4th Mondays in each month only)

Clinic Attendances

	Southend	*Leigh*	*Westcliff*	*Shoebury*	*Total*
No. of sessions held	258	52	52	22	384
No. of individual expectant mothers	1,355	269	162	132	1,918
No. of attendances of expectant mothers	6,657	1,550	837	494	9,538

The number of individual mothers attending at Southend and at Shoebury remain unchanged. The Leigh patients fell by approximately one fifth to 269 but at Westcliff they rose by nearly half to 162. This recovery at Westcliff is most gratifying and it is hoped that when the new clinic is available there the improved facilities will be reflected in an even greater use.

The integration of the maternity services in this area is exceptional and we are grateful to our colleagues in the hospital service and to the various Committees concerned, that this happy state of affairs continues.

It is a far cry from the days when there was no resident consultant obstetrician in this area, and yet it is only about 15 years since the long-cherished hope that there should be resident in Southend two consultant obstetricians and gynaecologists who would together serve both hospitals, and the women of the area, showed promise of being fulfilled. Latterly even this massive reinforcement of our resources has proved inadequate, so it was with great pleasure that we learned at the end of the year that Mr. W.K. Sutton, who had previously served as senior obstetric registrar at Rochford, had been appointed to the newly created additional post of consultant obstetrician and gynaecologist. This appointment augurs well for the future as Mr. Sutton has made no secret of the value he attaches to our integrated services nor concealed his approval of what we have been able to do.

POST-NATAL CLINICS

There is no change to report concerning post-natal clinics.

Particulars of attendances are:-

	Southend	*Leigh*	*Shoebury*	*Total*
No. of individual mothers who attended	492	107	33	632
Total attendances of mothers	650	152	29	831
Total no. of sessions of Post-Natal Clinics	26	52*	22*	100

* *Combined with Ante-Natal sessions.*

BLOOD EXAMINATIONS

Dr. D. C. Caldwell, Director of Pathology, informs me that all specimens submitted from the Council's clinics continued to be examined at the Rochford General Hospital Laboratory. In addition to testing for the presence of anti-Rhesus agglutinins a two-tube Price's precipitation reaction is performed on all specimens and the Wasserman reaction applied to all sera which do not give an unequivocal negative result.

During the year 3,640 tests for anti-Rhesus agglutinins were carried cut and 31 instances of varying degrees of incompatibility were detected.

Ante-Natal Haemoglobin Estimations during 1960 - 1638 tests.

Haemoblobin Gms.%	Under 7.5	7.5-8.1	8.2-8.9	9.0-9.6	9.7-10.4	10.5-11.2	11.3-12.0	12.1-12.6	12.7-13.3	13.4-14.1	14.2-14.8	14.9+
% Haemoglobin using 14.8 as average i.e. Revised Haldane	Under 51	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	100+
No. of tests	-	3	7	21	64	123	396	351	398	193	65	17
% of each group	-	0.2	0.4	1.3	3.9	7.5	24.2	21.4	24.3	11.8	4.0	1.0

Notes:

(1) Expression of Haemoglobin concentration as grammes per cent. is the only way by which comparisons of different sets of figures can adequately be made.

(2) Wide variations of Haemoglobin concentration occur normally but 14.8gms% is usually regarded as an average figure for adults.

(3) In pregnancy the total volume of the blood is increased disproportionately with respect to the number of red blood cells and its haemoglobin content. In consequence, lower concentrations of Haemoglobin are usual, and values as low as 10.4 gms.% (70% Haldane) can be accepted as being within the limit for the normal.

(4) Taking this into account it will be seen that 5.8% of our patients can be considered anaemic.

Wassermann & Price's Precipitation Reaction Tests			
No. of tests made	P.P.R. Negative	W.R. and P.P.R. Positive	W.R. Positive & P.P.R. Negative
1658	1657 99.94%	1 0.06%	- -

Rhesus Factor Tests		
No. of tests made	Rh. Positive	Rh. Negative
1659	1288 77.6%	371 22.4%

Relaxation Classes

That fear can prolong and make labour more painful, is now widely recognised. At relaxation classes, the control of various muscle groups is taught, the mechanisms of labour are explained, and mothers are told how best they can co-operate with those who will conduct their forthcoming labours. This teaching seeks to change a bewildered, apprehensive, and passive patient into a confident adventurer who realises that she has the central part in the drama of her labour, in which the supporting roles are played by those in attendance upon her.

Whilst it must be admitted that the enthusiasts have here overstated their case, some trained physiotherapists have themselves been disappointed to find their labours more of an ordeal than they had been led to expect; nevertheless one is satisfied that relaxation classes are very useful indeed for certain patients.

Because teaching is directed more to the mind than to the body, to be successful, a physiotherapist who conducts relaxation classes must not only be thoroughly convinced of their value but, if possible, be a "hot gospeller". Lacking this conviction, little can be expected from the classes and it is better, as we have done, to discontinue them when suitable personnel are not available.

The services of Mrs. Pankhurst, who had previously conducted these classes, became available during October so the opportunity of reviving this work at Leigh Clinic presented itself.

This was a suitable juncture at which to review the provision which can be made for instruction in mothercraft. Limited space in some clinics has prevented the department doing as much teaching as is desirable during ante-natal clinic sessions and there has been hesitation about embarking upon an arrangement which would involve more attendances for the purpose of instruction only.

To combine relaxation classes with systematised instruction for mothercraft appeared a promising development and in the event it was arranged that Miss Gaillard, one of your health visitors, should undertake a course of this kind in conjunction with the relaxation classes which were to be restarted. This has proved an acceptable and attractive innovation and attendance is open to all, irrespective of whether the mothers take advantage of the other ante-natal facilities provided by the Committee.

Despite, or perhaps because of, television, sound radio and the more responsible journalism of today, there remains an unsatisfied demand for authoritative information and guidance in matters of health and the rearing of children. Husbands, equally with wives, are interested in these matters and, had we more staff, we could make important advances in this field.

No. of sessions held	13
No. of individual expectant mothers ...	26
Total attendances	112

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

Report of Mr. E.C. Austen, Principal Dental Officer.

During 1960, 22 sessions were devoted to the dental treatment of expectant and nursing mothers and young children. There was a slight decrease in the number of both mothers and young children examined during the year; however, it is noted that there has been an increase in the number of fillings for young children, and six mothers were provided with dentures. A large proportion of those who are advised by the Medical Officers to have a dental examination do so under the priority arrangements of the National Health Service.

Facilities for radiographic examination are offered by the Southend General Hospital who forward the reports and films to the Principal Dental Officer.

Numbers provided with Dental Care:

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and nursing mothers	52 (67)	34 (67)	34 (49)	30 (49)
Children under five	55 (85)	55 (85)	55 (76)	51 (76)

Forms of Dental Treatment provided:

	Scalings and gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and nursing mothers	2 (3)	21 (35)	- (-)	- (-)	61 (76)	23 (25)	1 (3)	5 (6)	- (-)
Children under five	- (-)	10 (-)	- (-)	- (-)	84 (117)	55 (76)	- (-)	- (-)	- (-)

Comparable figures for 1959 are given in brackets

UNMARRIED MOTHERS AND THEIR CHILDREN

The Health Committee makes an annual grant of £500 to the Southend-on-Sea Moral Welfare Council and continues to accept financial responsibility for care in mother and baby homes.

Beechwood, 2, Westborough Road, serves not only as headquarters for the moral welfare worker, Miss Harris, but also as a shelter, for which she is responsible, to accommodate girls and women in temporary difficulties or pending transfer to a mother and baby home. In the report for the year ended 31st March, 1961, the Chairman states:

> "The characteristic of the past year has been the increased pressure of work, both with outdoor cases and in providing temporary homes at Beechwood. The total number of cases increased to 152 as compared with 126 in the previous year, while the number of babies who were our concern increased from 65 to 103."

In considering these figures it should be borne in mind that the Southend Branch covers a wider area than the County Borough.

Miss Harris reports:-

> "Of the new applications for help:-
>
> 128 concerned illegitimate children and their parents,
>
> 10 concerned children and young persons,
>
> 11 concerned matrimonial and personal problems,
>
> 3 concerned adoption enquiries.
>
> Of the 103 babies born during the year:-
>
> 52 are still in the mothers' care,
>
> 31 have been placed for adoption,
>
> 8 are in foster homes,
>
> 3 are in residential nurseries,
>
> the rest are still awaiting the mothers' decision."

The point is made that the 52 mothers who still have their babies with them are all living at home.

Accommodation was provided under the Council's proposals as follows:-

Astbury House, Smethwick	1 mother for 58 days
Bartletts, Chelmsford	5 mothers for 313 days
Ely Home, Cambridge	1 mother for 92 days
Princess Alice Hostel, S.W.15.	1 mother for 33 days
St.Margarets, Woking	1 mother for 91 days
Sacred Heart Convent, Highgate	1 mother for 76 days
Stretton House, Grove Park	1 mother for 65 days
Sunnedon House, Coggeshall	1 mother for 57 days

STILLBIRTHS AND INFANT MORTALITY

The law and the statisticians make a distinction between stillbirth and death occurring in early infancy, but the causes are similar and, no doubt, chance plays a part in determining on which side of the threshold of life the event occurs.

This is demonstrated very clearly by the experience of this year. Stillbirths declined by 10, but deaths in the first week rose by 8. A truer picture of the efficiency of the maternity services is given if we combine stillbirths and deaths in the first week of infancy, and calculate from them the so-called *perinatal mortality*. In 1960 this was 23.11 per thousand as compared with a national rate of 32.9 per thousand, ample testimony to the efficiency of the maternity services.

From what has been said already, it will be apparent that too much significance should not be attached to small variations in the *infant mortality rate*, that is the number of infants per thousand live births who died during the first year of life. It is the trend in successive years which really matters. Despite the improvement of the stillbirth rate at the expense of the neo-natal mortality, the infant mortality at 18.8 per thousand shows little significant variation, and compares favourably with 21.9 per thousand returned for England and Wales.

If the relative proportions between stillbirths and neo-natal deaths had been maintained we should have had a stillbirth rate of 15.15 per thousand (England and Wales 19.8 per thousand) and an infant mortality of 15.22 per thousand. In whatever manner the figures are analysed or dissected there is no gainsaying that they are satisfactory and reflect credit on your own services as well as on the hospital.

Perinatal Mortality

Year	*No. of Stillbirths*	*No. of infants dying aged up to and including seven days.*	*Total*	*Total Live & Still-births.*	*Rate per 1,000 births live and still*
1960	26	26	52	2250	23.11
1959	36	18	54	2144	25.2
1958	44	19	63	2201	28.6
1957	39	25	64	2130	30.1
1956	40	26	66	2006	32.9
1955	30	26	56	1952	28.7
1954	29	20	49	2054	23.9
1953	34	20	54	2083	25.9
1952	40	24	64	2112	30.3
1951	46	29	75	2119	35.4

Deaths under 1 year by age groups	*M.*	*F.*	*Total*
Under 24 hours ...	10	7	
24 hours - 1 week ...	7	2	
Total deaths under 1 week ...	17	9	26
1-2 weeks ...	1	1	
2-4 weeks ...	2	-	
Total neo-natal mortality ...	20	10	30
1-3 months ...	2	2	
3-6 months ...	2	2	
6-9 months ...	-	1	
9-12 months ...	1	2	
Total infant mortality ...	25	17	42

There were 118 premature births as compared with 143 in the previous year when it was noted that there had been a shift in the distribution of the birth weights of these small babies in an upwards direction, so that the numbers of the very underweight had decreased. This year this tendency was reversed and our experience was very much the same as in 1958.

As is customary, an attempt has been made to classify the real as opposed to the immediate reason for infant deaths and in the table below the figures for the previous year are set out for comparison.

Cause	*1960*	*1959*
Respiratory Infections	5	6
Gastro-Enteritis	-	1
Congenital Defect	8	9
Prematurity	16	10
Accidents	-	3
Asphyxia Neonatorum	7	-
Birth Hazards	4	8
Meningitis	-	1
Malignant Disease	1	-
Haemorrhagic Disease	1	-
	42	38

Deaths of children aged 1-5

There were six deaths in this age group, the same as in 1959.

Sex	*Age*	*Cause*
Male	16 months	Hydrocephalus and broncho-pneumonia
Male	19 months	Influenzal meningitis
Male	3 years	Acute lymphatic leukaemia
Male	3 years	Status asthmaticus
Female	23 months	Accidental asphyxia - inhalation of a foreign body
Female	14 months	Asphyxia following inhalation of gastric content associated with gastro-enteritis

Weight at Birth	Premature Live Births															Premature Stillbirths		
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day					
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Born in hospital	Born at home	Born in Nursing Home
3lb. 4oz. or less	14	8	5	-	-	-	1	1	-	-	-	-	-	-	-	6	-	-
Over 3lb. 4oz. up to and including 4lb. 6oz.	25	3	20	2	-	2	-	-	-	-	-	-	-	-	-	2	-	-
Over 4lb. 6oz. up to and including 4lb. 15oz.	26	-	25	1	-	1	-	-	-	-	-	-	-	-	-	1	-	-
Over 4lb. 15oz. up to and including 5lb. 8oz.	42	1	41	5	-	5	1	1	-	-	-	-	1	-	1	1	-	-
Totals	107	12	91	8	-	8	2	2	-	-	-	-	1	-	1	10	-	-

Section 23. Midwifery

Staff

A rise in the number of applications for the services of domiciliary midwives made it necessary to fill a vacant post in the establishment half way through the year, and thereafter, twelve full-time midwives were in post. Motorcar allowances were paid to all.

Miss Dermott and Mrs. Franklin attended refresher courses as as required by the Central Midwives Board.

Work of Municipal Midwives

A total of 845 deliveries were attended by your midwives, 63 more than in the previous year. Additionally, 131 mothers confined in Rochford Hospital and discharged prior to the tenth day of the puerperium, were cared for by this service. Medical practitioners were present at 64 deliveries and 781 were conducted solely by midwives.

Midwifery practice is undergoing a continuous evolution. More and more women wish to be confined in hospital and the only way in which the existing beds can meet the demand is by the earlier discharge of the lying-in woman. This practice, imposed in North America by the high cost of maternity hospital services, is likely to become more common in this country. Half a century ago major surgical operations were not infrequently undertaken in the houses of the upper and middle classes. Today this would be most unusual. A like change is taking place as regards obstetrical manipulations and operations in the home, so the patient who requires interference tends, more and more, to be sent into hospital. Contemporaneously more use is made of the obstetric flying squads whose patients, after appropriate, immediate and urgent treatment, are also very frequently sent into hospital.

Urban midwifery in the future is likely to be centred exclusively on the obstetric hospital with a substantial number of beds for ante-natal care and large delivery units. Its lying-in wards will be correspondingly reduced in size and domiciliary midwifery will become little more than the care of the lying-in woman.

These changes make domiciliary midwifery less attractive to the woman who, by temperament suited to independent practice, finds emotional compensations for the ardours of her calling in the intimate relationships formed with her patients. On the other hand when domiciliary midwifery becomes largely routine nursing attention, the social disadvantages now attaching to its practice will be correspondingly lessened, and recruitment of midwives correspondingly easier.

The authority issued 1,204 sterilised maternity packs for use at other than hospital confinements.

Number of deliveries attended by Municipal Midwives during 1960

	Doctor present at time of delivery	*Doctor not present at time of delivery*	*Total*
Doctor booked	59	584	643
Doctor not booked	5	197	202
	64	781	845

Relief of Pain

Your midwives are provided with equipment to administer both gas and air analgesia and trilene. The latter continues to displace gas and air, being administered on 478 occasions as compared with 163. Trilene has so many advantages of portability and convenience that gas and air analgesia may become something of a rarity in domiciliary practice.

Pethidine and an allied preparation, Pethilorfan, are issued to your midwives and were administered to 430 patients. In addition Welldorm, a preparation of chloral, was used to produce sedation with good effects.

Midwives Act 1951 - Work of Local Supervising Authority

The Midwives Rules, 1955 - 1960 (Statutory Instrument 1955 No.120,Statutory Instrument 1959 No.162, Statutory Instrument 1960 No.1105) replaced the Midwives Rules,1949 on July 1st. The alterations which particularly affected the local supervising authority are as follows:-

> A "practising midwife" now means "a midwife who holds herself out to attend professionally either as a midwife or as a nurse upon a woman during pregnancy, labour or the lying-in period, or who so attends," abolishing the distinction between practising as a midwife, and acting as a maternity nurse. A midwife will, in future, always be regarded as practising as such in any maternity case, and any midwife who attends maternity cases will be required to attend a statutory refresher course.

The minimum lying-in period, now defined as a period being not less than 10 days nor more than 28 days after the end of the labour during which the continued attendance of a midwife is requisite, has been reduced from fourteen days. This is the period for which local health authorities are required, by Section 23 of the National Health Service Act,1946, to provide an adequate service of midwives to attend all women in their respective areas.

A midwife is no longer required to notify the local supervising authority of each case in which artificial feeding has been adopted.

The Midwives Act,1951, gives a statutory recognition to the position of the midwife as a professional practitioner in her own

right; in an Amended Notice the Central Midwives Board indicated the principles which midwives should follow in their professional relationship with doctors thus:-

> (i) In a case where a medical practitioner is exercising personal supervision and direction and is personally present, the midwife should carry out the instructions of the doctor.
>
> (ii) In a case where a medical practitioner is concerned, but not personally present, the Board expects the midwife will carry out the wishes of the doctor unless they conflict with the rules of the Board or are outside her sphere of practice. In such circumstances she must exercise her professional skill and judgment in accordance with the rules of the Board.
>
> (iii) The Board considers that the local supervising authority should provide the midwife with the appropriate professional support she may require in the general conduct of her practice and
>
> (iv) The Board considers the responsibilities of the doctor and the midwife are so inter-related and complementary that the necessary degree of co-operation can only be ensured by a mutual recognition of their respective professional positions.

Other changes make the midwife responsible for the "welfare" of the mother and infant in place of the more limited statement of her responsibility for "cleanliness". Attention is also drawn to the danger of neo-natal cold injury and the need for the midwife to see that means are available for keeping the bedroom warm by day and by night. The midwife is now informed that information derived from a professional attendance on a patient must be regarded as confidential and not to be divulged to any person except to a person who should receive the information in order to discharge responsibilities to the patient concerned.

Following the requirements of the Population (Statistics) Act, the midwife who issues a stillbirth certificate is, where possible, to state on this certificate the cause of death and the estimated duration of the pregnancy.

> In October a joint statement by the General Nursing Council for England and Wales and the Central Midwives Board was issued, indicating that agreement in principle had been reached concerning a period of obstetric nursing training for female student nurses during general training which will subsequently count toward midwifery training. A course of three months training in obstetric nursing agreed by the two bodies will enable a reduction of two months to be made in subsequent midwifery training so that eventually general trained nurses will be able to undertake the training leading to certification as a midwife in a single period of 10 months.

Notice of intention to practise as midwife was given by 18 individuals and 2 gave notice as maternity nurses; 3 births were notified by private domiciliary midwives and 155 took place in maternity homes. Municipal midwives attended 845 deliveries.

Medical Aid Under Section 14(1) of the Midwives Act, 1951

Medical aid was summoned on 152 occasions or in 19.4% of

the cases attended by them, as compared with 16.2% in the previous year. Details of these are as follows:-

Applications for Medical Aid

(a) For mothers:-		
Ruptured perineum	50	
Pyrexia	7	
Early rupture of membranes	4	
Malpresentation of foetus	3	
Prolonged labour	14	
A.P.H.	5	
P.P.H.	7	
Other Conditions	21	111
(b) For infants:-		
Eye discharges	25	
Prematurity	4	
Other Conditions	12	41
		152

Maternal Mortality

For the third year in succession and for the fourth time in the history of the Borough since maternal mortality rates have been recorded, there was no maternal death and all who have contributed, in any way, to this achievement have earned both congratulations and thanks.

Maternal Mortality

Comparative rates per 1,000 births (Live and Still)

	From Sepsis		Other Causes		Total	
Year	Southend	England and Wales	Southend	England and Wales	Southend	England and Wales
1960	-	0.08	-	0.31	-	0.39
1959	-	0.10	-	0.28	-	0.38
1958	-	0.11	-	0.32	-	0.43
1957	-	0.11	0.47	0.36	0.47	0.47
1956	-	0.12	1.00	0.44	1.00	0.56
1955	-	0.16	0.51	0.48	0.51	0.64
1954	-	0.13	0.97	0.56	0.97	0.69
1953	-	0.16	0.96	0.60	0.96	0.76
1952	-	0.16	0.95	0.56	0.95	0.72
1951	-	0.43	-	0.36	-	0.79
1950	0.46	0.12	-	0.74	0.46	0.86
1949	0.41	0.22	-	0.76	0.41	0.98
1948	-	0.29	0.4	0.73	0.4	1.02
1947	-	0.26	0.61	0.92	0.61	1.18
1946	-	0.31	0.68	1.12	0.68	1.43
1945	0.95	0.49	0.95	1.31	1.90	1.80
1944	-	0.60	1.09	1.34	1.09	1.94
1943	0.75	0.73	2.99	1.56	3.74	2.29
1942	1.69	0.8	3.38	1.7	5.07	2.5
1941	2.10	0.8	5.21	2.0	7.31	2.8
1940	1.94	0.8	1.94	1.9	3.88	2.7
1939	-	0.8	1.25	2.2	1.25	3.0
1938	-	0.9	2.56	2.2	2.56	3.1
1937	0.62	1.0	3.74	2.3	4.36	3.3
1936	-	1.4	1.18	2.4	1.18	3.8
1935	0.64	1.7	2.55	2.4	3.19	4.1
1934	0.64	2.0	3.22	2.6	3.86	4.6
1933	1.43	1.8	3.59	2.7	5.02	4.5
1932	2.10	1.6	4.9	2.6	7.0	4.2
1931	0.70	1.7	4.20	2.5	4.90	4.2
1930	-	1.9	2.61	2.5	2.61	4.4
1929	1.44	1.8	3.59	2.5	5.03	4.3
1928	1.99	1.8	1.32	2.6	3.31	4.4
1927	2.17	1.6	2.9	2.5	5.07	4.1
1926	2.55	1.6	3.19	2.5	5.74	4.1
1925	2.62	1.6	1.96	2.5	4.58	4.1
1924	0.69	1.4	2.09	2.5	2.78	3.9
1923	1.35	1.3	1.35	2.5	2.7	3.8
1922	0.65	1.4	3.3	2.4	3.95	3.8
1921	1.22	1.4	2.43	2.5	3.65	3.9

Section 24. Health Visiting

Once more the staff section of this report tells its own story of changes and it is melancholy to record that in spite of what has been done in the sponsoring of students, we are still below establishment and authorised expansion has not been possible.

The health visitor's is not an easy craft, and its rewards do not glitter. Opportunities for promotion are restricted and, locally, a variety of circumstances have prevented us from proceeding even with the appointment of group advisers.

After being acclaimed as a basic social worker and having done her best to meet the new demands made by changing organisation of health and welfare, the future as reflected by the Younghusband Report has left her with grave misgivings.

It is, however, gratifying to see that the health visitor's clinics have firmly established themselves in the affection and esteem of the present generation of mothers and, given suitable premises and equipment, are likely to retain their appeal. Nor is there any doubt about the success of the health teaching in the schools, the worth and acceptability of which are now firmly established.

It will not be long before the girls who first had the benefit of organised health visitor instruction in mothercraft at school become the next generation of mothers, when one expects that they will be even more ready, on this account, to turn to the health visitor for guidance and enlightenment.

Under the pressure of events the work of the health visitors undergoes its own evolution. Selective health visiting becomes more and more the rule as the individual health visitor seeks to make the best use of her time.

The old make considerable demands and increasingly we get requests from relatives to keep in touch with their aged parents and give what help and advice we can.

In the section dealing with the care of mothers and young children will be found a reference to the relaxation classes at Leigh and the way in which health visitor teaching has been integrated with these.

Work of Health Visitors

Infants under 1 year ...	First visits	2,416
	Subsequent visits	5,422
Children aged 1 - 5 years...	No.of children visited	7,132
	No.of visits paid	14,495
Expectant mothers ...	First visits	1,272
	Subsequent visits	944

Communicable diseases	...	First visits	1,217
		Subsequent visits	325
Nurseries and Daily Minders		First visits	41
		Subsequent visits	224
Special visits	...	First visits	966
		Subsequent visits	822
Tuberculosis	...	First visits	116
		Subsequent visits	2,270

Phenylketonuria

It has recently been shown that a rare form of severe mental subnormality is caused by an error in the way in which the affected child deals with certain foodstuffs. The existence of this error is shown by the appearance, early in infancy, of phenylketonuria (abnormal substances in the urine).If detected sufficiently early, its serious effects can be prevented by special dietetic measures but, unless these are instituted before the child is six months old, damage is permanent.

In common with other local health departments we are endeavouring to test the urine of all infants in the expectation that once in every nine or ten years we shall find a child who can be rescued from gross mental defect.

Fortunately a damp napkin and a specially prepared strip of test paper are all that is required; the health visitors carry with them the test papers, as it is hoped that a certain number of productive tests can be carried out during the course of their routine visiting.

Health visitor time is, however, too valuable to permit of any significant diversion to this purpose, and we therefore had to devise other arrangements. It was simple enough to arrange for tests to be carried out on those babies who ordinarily attend the clinics but if we relied solely on this, a considerable number of babies would remain "unscreened". We could, of course, have pressed every mother to attend the clinic in the ordinary way, but to have done this would have aroused opposition in certain quarters. We have, therefore, made available two alternative record cards for this purpose. Each is a distinctive colour. One is given to the likely clinic attender, the other to those who do not make use of your services. Both doctors and mothers have been assured that an infant for whom the latter kind of card is presented will not be subjected to the ordinary clinic routine, but that we shall restrict our attentions to the urine test.

The following letter was sent to all general medical practitioners:-

Phenylketonuria

" The incidence of phenylketonuria is of the order of 1 in 20,000 and therefore we can expect only once in every ten years to find a Southend child with this condition.

It is not readily detected before the third week, and dietetic treatment begun later than the sixth month is not completely effective.

As it seems unlikely that many practitioners will wish to carry out this test, the Council's health visitors are being provided with test strips of Phenistix so that this can be done on the occasion of a home visit.

For a variety of reasons the health visitor may not be able to carry out the test at a routine visit and her time would be wasted unless alternative arrangements for testing were made.

Health visitors will be supplied with a card (specimen attached). If, for any reason, it is impracticable for her to carry out a conclusive test when she visits, the reason for the test will be explained and the mother requested to take a FRESH specimen to one of our welfare centres for testing, and to present the completed card for endorsement of our records.

If the mother brings her infant with her to a clinic solely for this purpose, the child will not be examined or weighed.

Practitioners therefore who do not wish to carry out this test themselves can arrange for it to be carried out at the clinics without any interference with their supervision of the infant.

Where a practitioner himself has carried out a test for this condition, it would be very useful for us to know this and the completion of one of these cards and its return to me would avoid duplication of effort."

The mothers are expected to complete the cards themselves, a plan which has proved very successful in our vaccination programmes and has saved a great deal of clerical effort.

These arrangements were introduced in the last four months of the year and during that time over 350 children were screened in this way.

Military Families Hostel

The families of serving soldiers continued to be accommodated under arrangements made by the War Department with hoteliers and boarding house proprietors. The most effective means of keeping in touch with this population which is always in movement, is the regular clinic session which the health visitor holds at the principal hotel. This hostel occasions much work because the arrangements there militate against good standards of mothercraft and the proper rearing of children. Infection is an ever present hazard because of a high proportion of young children and the fact that many of them come from overseas stations.

Refresher Courses

During the year Miss Noonan attended a part-time course at London, Miss Stevens and Miss Gaillard the winter school at London and Miss Brennan the Oxford summer school.

Health Visitor Talks

These were given as under:-

Date	*Group*	*Speaker*	*Subject*
28.1.60.	Crowstone Young Wives' Group	Miss Roberts, S.H.V.	"Health Visiting"
3.5.60.	St. Aidan's Women's Fellowship	Miss Gaillard	"A Child's Fears"
20.9.60.	Southchurch Park Congregational Young Wives' Club	Mrs. Buck	"Diet and Sleep"
13.10.60.	Avenue Baptist Young Wives' Club	Miss Roberts, S.H.V.	"The Value of Vaccines"
5.12.60.	St. Alban's Ladies' Circle	Miss Roberts, S.H.V.	"Health Visiting"

Section 25. Home Nursing

Your staff is equivalent to 29 whole-time nurses of whom 4 are men; 11 of them received motorcar allowances and a further 8 motor-assisted cycle allowances. The Central Transport Pool provides motor-cycles for 3 of the men and 4 women use pedal cycles.

There were few striking changes in the nature of the services requested but septic conditions of the skin were reduced by about 40%. The service nursed only one third of the pneumonia cases, that is 57, which it cared for in the previous year. On the other hand the number of patients requiring surgical dressings increased by one third to 217 and those with ulcerated legs totalled nearly twice as many, being 112.

The elderly continue to make heavy demands on the service, more than half our patients being over 65 years of age when we first begin to look after them; they require at least two-thirds of all the visits made.

No fewer than 148 maternity patients were nursed following their early discharge from hospital.

	Patients who were 65 or over at the time of the first visit during the year		*Children who were under 5 at the time of the first visit during the year*		*Patients who have had more than 24 visits during the year*	
	No.	*Visits paid*	*No.*	*Visits paid*	*No.*	*Visits paid*
1953	1,913	43,120	161	847	858	67,261
1954	2,054	67,517	133	764	975	75,912
1955	2,282	70,279	135	820	1,084	82,444
1956	2,405	75,858	119	701	980	84,508
1957	2,537	82,745	101	588	1,138	89,451
1958	2,581	77,697	130	958	1,079	86,047
1959	2,576	70,792	74	523	984	76,360
1960	2,239	66,022	73	578	958	73,778

The following table shows the variety of conditions for which treatment is afforded in the patients' homes:-

Classification of Conditions treated	NO. OF PATIENTS VISITED					
	1949	1956	1957	1958	1959	1960
Accident	23	34	30	40	37	47
Amputations	6	9	13	9	7	15
Blood Diseases ...	32	173	303	362	265	236
Bronchitis and Pleurisy	81	300	275	282	236	252
Burns and Scalds ...	20	35	25	24	23	23
Carbuncles, Boils and Abscesses	44	218	257	238	242	153
Cardiac and Circulatory Conditions	200	840	923	821	667	547
Cerebral Haemorrhage ...	142	222	194	202	211	213
Dental Conditions ...	-	11	13	19	6	17
Diabetes Mellitus ...	142	192	196	163	135	137
Ear, Nose and Throat Conditions	88	257	190	175	186	108
Empyema	-	4	4	2	-	6
Enema (for treatment)	188	304	304	312	317	290
Enema (for investigation)	255	440	469	483	576	483
Eye Conditions ...	13	29	20	21	20	15
Fractures	27	59	70	49	40	45
Gangrene	9	1	-	-	1	6
Gastric Conditions ...	19	13	17	21	25	15
Gynaecological Conditions	45	84	67	74	76	71
Helminth Infections ...	55	8	3	5	-	-
Infectious Diseases ...	5	14	8	19	10	5
Influenza	11	6	19	5	11	2
Injections (for unclassified causes) ...	20	40	36	25	31	48
Maternity	7	51	40	69	92	148
Miscarriage	13	15	17	14	12	8
Malignant Diseases ...	167	226	188	171	210	190
Nervous Diseases ...	2	6	13	18	29	39
Operations	8	33	20	38	18	18
Orthopaedic	-	17	29	29	26	5
Paralysis (other than strokes)	37	68	50	86	77	68
Pneumonia	90	181	199	174	149	57
Prostatic Conditions ...	66	44	32	38	49	19
Pyrexia of Unknown Origin	-	9	6	5	5	14
Rheumatic Diseases ...	62	97	104	93	121	106
Senility	135	139	181	206	179	184
Skin Conditions ...	26	32	36	31	27	36
Surgical Dressings ...	92	117	152	143	150	217
Surgical Tuberculosis) Pulmonary Tuberculosis)	22	95	82	49	48	51
Urinary and Renal Conditions	3	53	57	62	67	81
Ulceration of Legs ...	36	67	70	67	63	112
Not classified ...	8	12	11	12	11	20
Total patients	2,199	4,555	4,723	4,656	4,455	4,107
Total visits	56,897	110,089	110,089	109,947	98,576	95,288
Total of whole-time and equivalent whole-time staff	14.5	31.6	31	32	29	29

Section 26. Vaccination and Immunisation

Whenever we find the means of protecting against yet another disease we immediately add to our problems. Protective substances passed over to the unborn child from his mother persist for varying periods in the infant's circulation and their presence can interfere with the response to an immunising agent. There is thus an optimal time for protection against individual diseases, not necessarily the same for each. This makes combined antigens less attractive but they have the great advantage of reducing the number of injections to which a child is subjected and are understandably popular on this account.

A schedule of immunological procedures for the young child which is readily acceptable must be at best a compromise, and so as to get the best views on this matter, we delayed vaccination against whooping cough and tetanus until the report of the "Wellcome Symposium on Immunisation in Childhood" was available. One would like to acknowledge gratefully the assistance which we obtained from the publication of the Proceedings and also for the personal interest which Dr. Parrish showed in our correspondence with him. The memoranda, etc. which were circulated respectively to general practitioners and your staff on this matter, are set out below:-

IMMUNISATION IN INFANCY AND CHILDHOOD

1. The efficacy of vaccination against whooping cough can be regarded as established, see M.R.C. Vaccination against Whooping Cough (final report), British Medical Journal (1959) I, 994. Its inclusion in the Council's immunisation arrangements under the National Health Service Act, 1946, Section 26, has been delayed only because the report of the "Symposium on Immunisation in Childhood" summarised in the British Medical Journal, May 23rd, 1959, page 1342, was awaited.

2. It is now intended to include vaccination against whooping cough and immunisation against tetanus in these arrangements. This memorandum sets out the schedule which it is proposed to follow and summarises the reasons for it.

3. A draft schedule has been considered by the Local Medical Committee, and the present memorandum and schedule has been modified in the light of its observations. The Local Medical Committee is however, **not responsible for the comment and recommendations which follow.**

4. Obvious advantages would follow a uniform procedure, and as the current suggestions involve only one more injection than the minimum of schedule B (see appendix), it is hoped that they will commend themselves to our colleagues.

5. Artificial immunisation should be without risk and effective; it is, however, difficult to reconcile these essentials with a Schedule which would involve only a minimal number of injections.

6. The principal considerations which emerge appear to be:-

(a) Diphtheria prophylactic which contains alum is the most potent, but its use enhances the risk of provocation poliomyelitis. Less potent antigens (i.e. those which contain no alum) are now generally used.

(b) Combined antigens such as triple antigen (pertussis vaccine, diphtheria toxoid and tetanus toxoid) also enhance the risks of provocation poliomeylitis.

(c) It would be preferable to delay the use of triple antigen until after vaccination with the Salk type poliomyelitis vaccine but for the fact that the mortality from whooping cough is greatest, and its sequelae most severe, in the earlier months of infancy.

(d) A substantial body of opinion attaches more importance to the protection of the vulnerable infant against pertussis than to the risks of provocation poliomyelitis, and advocates the use of a combined antigen between the age of 2 and 6 months. The use of a combined antigen so early in life takes no account of the fact that as maternally transmitted antitoxin interferes with the proper response to diphtheria toxoid, better results are to be expected from its use between 9 and 12 months, even though the combination of pertussis vaccine with diphtheria toxoid appears to enhance the antigenic qualities of the latter.

7. The chances of a child contracting whooping cough in the first 9 months of life, as judged by recent Southend-on-Sea experiences are not very great, being as follows:-

	Total	*Under 9 months*
1957	833	40
1958	157	17
1959	212	10

and it is likely that TWO doses of whooping cough vaccine given before 6 months of age would materially reduce this incidence.

8. We are proposing therefore to afford a child a reasonable degree of protection against whooping cough in the early months of life by two doses of vaccine, then protect him against poliomyelitis, after which the completion of his protection against whooping cough and his immunisation against diphtheria and tetanus can be undertaken by the use of combined antigens. This can be achieved with **only one more injection than the use of a combined antigen** throughout.

9. Schedules A and B recommended by the Symposium are set out in the appendix, as is also the Public Health Schedule which we propose to adopt.

10. As regards pertussis, it is perhaps desirable to draw attention to what Dr.Charles Cockburn, who directed the field trials of pertussis vaccine, said at the Symposium:-

"Apart from provocation poliomyelitis, the only serious risk of pertussis vaccination was encephalopathy".....but "It was not possible to say whether the risk of encephalopathy was greater from the natural disease or from the vaccine."....."If a child had any suggestion of an untoward reaction of a neurological nature after any one of a course of injections of whooping cough vaccine, no more injections should be given at any time afterwards." ....."It was probably better also, on purely general grounds, not to inoculate children if they were suffering from any infection of any kind, even an upper respiratory tract infection."

11. All the antigens which it is proposed to use in carrying out the Council's arrangements under the National Health Service Act, 1946, Section 26, can be obtained by practitioners, free of charge, on application from this department.

12. Records provided by general practitioners of whooping cough immunisation, of a course normally of three injections, will attract a fee of 5s. A similar fee is payable for the record of a combined diphtheria and whooping cough immunisation, as well as a combined immunisation against these diseases and tetanus.

Public Health Schedule

Age	*Visit*	*Vaccine*	*Injection*	*Interval*
2 - 5 months	1	Pertussis	1	4 weeks or more
	2	Pertussis	2	
*				
7 - 10 months	3	Poliomyelitis	3	4 weeks or more
	4	Poliomyelitis	4	
11 months	5	Diphtheria-Tetanus combined antigen	5	Not less than 6 weeks
13 months	6	Diphtheria-Tetanus-Pertussis triple antigen	6	
20 months onwards	7	Poliomyelitis (Booster)	7	
		Triple Antigen (Booster)	8	

* Smallpox vaccination can conveniently be spaced here but may be advised at any time during the first 5 years of life.

Schedule A

Age	*Visit*	*Vaccine*	*Injection*	*Interval*
5 weeks - 6 months	1	Pertussis	1	4 weeks or more
	2	Pertussis	2	
7 - 10 months	3	Pertussis	3	4 weeks or more
	4	Poliomyelitis	4	4 weeks or more
	5	Poliomyelitis	5	
10 - 12 months	6	Diphtheria and tetanus	6	4 weeks
	7	(Diphtheria and tetanus	7	
		(Pertussis	8	
15 - 18 months	8	(Diphtheria and tetanus	9	
		(Poliomyelitis *	10	
Smallpox some time during the first 5 years				
School entry	9	Diphtheria and tetanus	11	
8 - 9 years	10	(Diphtheria and tetanus (Smallpox (re-vaccination)	12	
10 - 15 years	11	B.C.G.	13	

* There is no doubt that a fourth dose of poliomyelitis vaccine will be necessary, but the exact timing of this dose has not yet been decided.

Schedule B

Age	*Visit*	*Vaccine*	*Injection*	*Interval*
2 - 6 months	1	Triple (diphtheria, tetanus and pertussis)	1	4 weeks or more
	2	Triple (diphtheria, tetanus and pertussis)	2	4 weeks or more
	3	Triple (diphtheria, tetanus and pertussis)	3	
7 - 10 months	4	Poliomyelitis	4	4 weeks or more
	5	Poliomyelitis	5	
15 - 18 months	6	(Triple (diphtheria, (tetanus and pertussis)	6	
		(Poliomyelitis	7	
Smallpox some time during the first 5 years				
School entry	7	Diphtheria and tetanus	8	
8 - 9 years	8	(Diphtheria and tetanus (Smallpox (re-vaccination)	9	
10 - 15 years	9	B.C.G.	10	

Immunological Procedures in Childhood

Vaccination against whooping cough and immunisation against tetanus is to be provided under the Council's arrangement.

The schedule most popular with general practitioners and parents is Triple Antigen (pertussis, diphtheria and tetanus) three injections before six months, followed by two injections of poliomyelitis vaccine.

This is not being adopted by the Department because combined antigens involve a slight risk of provocation poliomyelitis (although I know of no case having occurred in Southend).

Whooping cough, particularly in one-child families, is not a very grave risk in Southend-on-Sea and I see no harm in delaying the third dose of pertussis vaccine until after two doses of poliomyelitis vaccine had been given, following which a combined antigen should involve a lessened risk of provocation poliomyelitis, but there are those who think that complete protection against whooping cough at an early age is most important.

Our schedule represents the best which is practical but a parent who wanted what is scientifically the most desirable would be offered three injections of whooping cough vaccine before six months, two injections of poliomyelitis vaccine after that and then combined diphtheria and tetanus at ten and eleven months followed by a booster dose of poliomyelitis at thirteen months.

Tetanus - The arguments in favour of active immunisation with tetanus toxoid can be briefly summed up thus:-

Passive immunity against tetanus (Anti-Tetanic Serum) is of short duration and carries with it a high risk of undesirable reactions. Repeated administration causes accelerated excretion and so the treatment of clinical tetanus may be rendered less effective.

A patient adequately immunised by two doses of tetanus toxoid can, wherever exposed to the possibility of tetanus injection say after a penetrating wound, be adequately protected, not by the use of Anti-Tetanic Serum but by a booster dose of Toxoid.

For these reasons active immunity with Tetanus Toxoid is to be preferred. The only disadvantage is that any one, other than the family doctor, who has to treat the patient in an emergency will not be inclined to rely on a doubtful history of immunisation against tetanus and will insist upon giving Anti-Tetanic Serum.

It is therefore essential that some record of immunisation against tetanus should be provided by the department and parents should be strongly advised to keep this immediately available.

With the best intentions, this advice is only likely to be followed in a minority of cases and, short of tattooing the child, no other suitable method has been suggested.

On the whole, our schedule has been well received. From the outset it was recognised that its divergence from others more generally in use might create some difficulties, for we did not overlook its complexities.

In retrospect one is of the opinion that we attempted too nice a balance between theoretical considerations and the practicable, indeed it is doubted whether the precise indications for the schedule are widely understood or appreciated.

Possibly too much weight has been given to the risk of provocation poliomyelitis inherent, to some extent, in the use of combined antigens and we may have over emphasised the importance of securing the best antigenic response to primary immunisation against diphtheria. The scientific considerations on which the schedule is based remain unquestioned but the judgment as to their relevant importance may well be impugned.

Smallpox

The arrangements previously described continued without alteration. The number of vaccinations varies little from year to year but on the whole the trend is downward. Primary vaccinations at the Council's clinics were only about 70% of the total for the previous year, although there was a proportionate increase in the number performed by private practitioners.

The public does not appreciate the advantages of primary vaccination during the first four years of life and indifference is likely to continue until some publicised outbreak reiterates the lessons of the past.

No. vaccinated:

(a)	At Council's Clinics:	
	(i) Primary	243
	(ii) Re-vaccination ...	10
(b)	By private practitioners:	
	(i) Primary	1,126
	(ii) Re-vaccination ...	548
		1,927

Diphtheria Immunisation

The number of children completing the course of primary immunisation rose by approximately one half to a total of 2,179. There was also a marked increase in the number of secondary or reinforcing injections given; these totalled 658 as compared with 281 in the previous year.

There can be little doubt that this improved response is a direct consequence of your providing vaccination against whooping cough. No case of diphtheria has been notified in Southend since 1951. It is, therefore, a name and not a reality to the present generation of parents, nor have many of the younger doctors any experience of it. Whooping cough, on the other hand, is still very common and is, moreover, protracted and distressing to patient and parent alike. Mothers are rightly anxious to secure protection against it for their children and the ability to combine protection against diphtheria and tetanus with whooping cough vaccination, partly exploited by our own schedule, is very valuable for this reason.

Number of children who completed a course of primary immunisation:-

	1960	*1959*
(a) At Council's Clinics:		
(i) Children under 5	197	99
(ii) Children 5 - 14	158	16
(b) By private practitioners:		
(i) Children under 5	1,566	1,251
(ii) Children 5 - 14	258	128
	2,179	1,494

Number of children who were given a secondary or reinforcing injection:-

	1960	*1959*
(a) At Council's Clinics:	187	77
(b) By private practitioners:	471	204
	658	281

The return relating to the proportion of the child population immunised against diphtheria, as furnished to the Ministry of Health, was as follows:-

Number of Children at 31.12.60, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1.1.46).

Age at 31.12.59 i.e. Born in Year	*Under 1 1960*	*1-4 1956-1959*	*5-9 1951-1955*	*10-14 1946-1950*	*Under 15 Total*
Last complete course of injections(whether primary or booster) A. 1956-1960	396	4,945	3,253	1,538	10,132
B. 1955 or earlier	-	-	3,088	8,492	11,580
C. Estimated mid-year child population	2,130	7,670	23,900		33,700
Immunity Index	18.6%	64.4%	20.0%		30.1%

Whooping Cough

Vaccination against whooping cough was begun in August and the position at the end of the year is set out in the following table.

	AGE at date of final injection				
	0 - 4 years		*5 - 14 years*		*Total*
Number of children who have completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination)	Clinic	68	Clinic	37	105
	By general practitioner	349	By general practitioner	88	437
		417		125	542

From the outset we have used Glaxo half-volume whooping cough vaccine which, as far as absence of side reactions is concerned, has proved very satisfactory.

Poliomyelitis Vaccination

By the end of the year 36,584 persons had received 3 doses of vaccine either from general practitioners or at your clinics, where a total of 21,712 injections were administered.

We have come to regard administrative difficulties as inseparable from poliomyelitis vaccination. At the beginning of the year we were unable to obtain from the Ministry all the vaccine in single dose containers which we needed for issue to general practitioners. The multidose container is inconvenient and uneconomic for use in all save the most highly organised private practices. This situation was not helped by the announcement at the beginning of February that

vaccination could be extended to persons who, at the time of their application, were under the age of 40, and to

(a) Persons going to visit or reside in any country outside Europe, other than to Canada or U.S.A.

(b) Practising dental surgeons, dental students, dental hygienists, student hygienists, dental surgeons' chairside assistants, and their families.

(c) Practising nurses not working in hospitals (those working in hospital are already eligible) and their families.

(d) Public Health staff who might come into contact with poliomyelitis cases, and their families.

The department welcomed this additional freedom to vaccinate and made use of its wider powers without delay.

The study of poliomyelitis in Southend had demonstrated the part played by the young child in the dissemination of poliomyelitis virus and to the enhanced risk of infection which contact with this age group involved for others.* Since that time serological studies in many parts of the world have confirmed the inferences made from investigations in the field. For this reason the opportunity of offering protection to a large section of the teaching profession was most welcome and, with the co-operation of the Chief Education Officer, the following was sent to every eligible teacher.

TO MEMBERS OF THE TEACHING PROFESSION:

Members of the teaching profession are reminded that vaccination against poliomyelitis is now available to ALL persons under the age of 40 years.

Although there has been no unusual incidence of the clinical disease in Southend teachers, it is considered that those who are in daily contact with groups of children are at some enhanced risk of infection.

The Salk-type vaccine affords a very considerable degree of protection and produces no unpleasant side effects or complications. Two injections at an interval of not less than four weeks are required initially.

Vaccination is free and can be performed either by a general practitioner or at one of the Council's clinics.

Those wishing to be vaccinated should please complete a form of application, returning it to this office. Where vaccination is to be performed by a general practitioner, the patient will receive from this office a letter informing him how to proceed and authorising the issue of vaccine.

If, however, vaccination is to be performed at one of the Council's clinics, the patient will receive an appointment card.

Should sufficient teachers desire me to arrange a special clinic on a Saturday morning, I shall be pleased to do this. Those who wish these special arrangements should endorse the form "special clinic".

* Proceedings of the Royal Society of Medicine 1953 Vol.46 pp 997-1001.

In February the management of Messrs. E.K.Cole allowed us to attend to administer booster injections to 270 employees and in June and July two other visits were made to administer two doses of vaccine to each of 310 employees.

The people of Southend have great confidence in the value of vaccination against poliomyelitis and its acceptance is probably as high as any comparable area in the country. Our arrangements for vaccination must be accorded some of the credit for this.

The clinic held on Saturday mornings is popular and often under considerable pressure. A high proportion of the children who attend are brought by their fathers, and the number of motor cars parked in our forecourt is eloquent of their affluence.

We are sure that the fact that father can either bring the children, or at least accompany mother, must result in many children and adults being vaccinated who would otherwise remain unprotected.

The clinic has another and more indirect value. It brings within our doors very many people who otherwise would be without any first hand experience of our organisation and one attaches very great importance to the public goodwill and understanding which this venture had produced. Strictly to have imposed a five-day week on this branch of our work would have crippled its development very considerably.

It is impossible to recall the work of the poliomyelitis vaccination clinic without thinking very gratefully of the help we have received from the British Red Cross Society, and in particular from Mrs. F. Wilson who had helped us with the clerical work so regularly and so efficiently both at the Municipal Health Centre and at Leigh. It is not an easy matter to deal with some two or three hundred attendances in the course of a short Saturday morning and to find and issue the appropriate record cards at the rate which attendances of this order demand. Furthermore, it is quite a task to deal with the innumerable queries which are bound to arise and this opportunity is gratefully taken of acknowledging all that Mrs.Wilson did for us until, very regretfully, we lost her services on medical advice.

Vaccinated with 2 injections during:	*Born 1943 - 1960*	*Born 1933 - 1942*	*Born before 1933 and under 40 years of age*	*Others*	*Total*
1st Quarter	420	136	180	177	913
2nd Quarter	627	154	840	176	1,797
3rd Quarter	539	164	1,112	135	1,950
4th Quarter	434	84	420	102	1,040
	2,020	538	2,552	590	5,700

Immunisation against Tetanus

Protection against tetanus was made available at the same time as vaccination against whooping cough and, as tetanus toxoid can be conveniently administered along with diphtheria toxoid, and both can be used in conjunction with whooping cough vaccine, this additional protection does *not involve any additional injections.*

The decision to recommend the Committee to make immunisation against tetanus available under its vaccination arrangements was not lightly arrived at. Tetanus is an uncommon cause of death in this country, less than 100 people succumb to it annually. It is doubtful whether a mortality of this order would, of itself, justify a wide-spread campaign for immunisation; but mortality is not the whole story.

Any "dirty" wound carries with it a risk of tetanus, for which reason it is estimated that 150,000 doses of antitetanic serum are annually administered prophylactically; even this does not offer complete security because about half the deaths from tetanus follow injuries which are so trivial as to escape notice or to make the use of antitetanic serum appear unnecessary. The serum, in its turn, has an unenviable reputation for sensitising those to whom it is administered, and many suffer a good deal of discomfort in consequence.

Anything, therefore, which would render unnecessary the prophylactic use of antitetanic serum is to be welcomed. If an individual be adequately protected with tetanus toxoid it is sufficient to administer a further reinforcing injection of toxoid should he sustain any injury which carries with it the risk of tetanus. Unlike the serum the toxoid produces no side effects.

There is, however, one serious practical difficulty in the attempt to replace prophylactic serum by active immunisation with toxoid. It lies in the circumstances in which serum is ordinarily administered, that is, it is given by a doctor to a patient whom he may not have seen before, who has sustained an accident, often away from home. The doctor, confronted by such a patient, has no means of knowing that he has been adequately protected against tetanus and therefore has no alternative but to administer the serum. It is too much to expect that the British public will, at all times, carry on its person documentary evidence of its immunity state, and short of the issue of identity discs which would carry the appropriate information or actually tattooing the skin of the individual who has been vaccinated, there would seem to be no way of getting round this difficulty. It is, however, hoped that, with the widespread acceptance of immunisation against tetanus, there will be a growing tendency for doctors specifically to enquire about previous immunisation which, in its turn, will result in a decrease in the number of persons subjected to the hazards of serum.

Yellow Fever (National Health Service Act, 1946 Section 28)

As from 1st September the department became a recognised Yellow Fever Vaccination Centre. Protection against yellow fever is obligatory for persons entering a number of tropical countries. After the war a number of vaccination centres were set up under the aegis of the Ministry of Health, but the time came when it was decided to transfer the responsibility for this work to certain local authorities with the resources to carry it out.

Local authorities were therefore invited to offer to arrange these facilities. Your offer was at first rejected merely, it is supposed, because another place not very far away fell more easily into a readily recognisable administrative pattern. When it was pointed out, however, that the presence of an airport in Southend produced a steady demand for this vaccination, the official decision was reversed.

A charge of one guinea is made for carrying out this vaccination and by the end of the year 49 persons had been treated.

Protection against other diseases: Cholera and Typhoid

When the provision of vaccination against yellow fever was under discussion, it was considered advisable to urge that vaccination against cholera and the typhoid diseases should also be included in your arrangements. Although neither of these diseases constitutes a public health hazard in this country, the circumstances which made it desirable to provide vaccinations against yellow fever applied equally to them. This extension to your arrangements has been approved 82, individuals being vaccinated against cholera. Being provided under Section 26 of the Act, you may not make a charge for this service, although protection against yellow fever being provided under Section 28 can attract payment. This dilemma has been solved in a way which satisfies the law but is somewhat repugnant to our way of thinking. Vaccinations are performed free with vaccines for which the Council must pay. We avoid loss by making a charge of five shillings for the certificates which are issued subsequently.

Section 27. Ambulance Service

Mr. E.A. Beasant, M.B.E., Ambulance Officer, reports:-

The administrative basis for this service remained unchanged. The local division of the St. John Ambulance Brigade is the Corporation's agent for providing an accident and invalid ambulance service; patients suffering from infectious disease are conveyed by the authority's own ambulances as also are some sitting cases; while other sitting cases are carried by the Hospital Car Service and by vehicles from the Central Transport Pool.

Service	*Mileage*	*Patients Carried*	*Journeys*	
			Patient-Carrying	*Abortive and Service*
St. John Ambulance Brigade	107,559	16,497	5,977	397
I.D. Ambulances	2,443	325	300	27
Sitting-case Ambulances	35,040	18,810	3,683	77
Corporation Car Pool	12,943	538	378	6
Hospital Car Service	226,992	51,596	4,218	85
Private Hire Cars	826	25	21	-
TOTALS	385,803	87,791	14,577	592

As expected, the calls on this service continued to grow, the total mileage involved rising by nearly 40,000 to a total of 385,803 and the number of patients by over 9,000 to 87,791.

On present usage it is as if half the entire population of the County Borough made a journey of between four and five miles each year by ambulance.

The St. John Ambulance Brigade's share in this increase amounted to nearly 14,000 miles and 15,000 passengers, but the Hospital Car Service added over 32,000 miles to overtop a quarter of a million miles during the year and, in doing this, they carried over 8,400 additional patients.

Experience indicates a continual growth in the appetite for ambulance transport. The average duration of stay in a hospital bed continues to shorten. At least one hospital is now being operated on a five-day week basis, and "day" hospitals, which require a great deal of ambulance transport, are increasing in number. More and more investigations will be carried out before the patient's admission to hospital, and other agencies will be expected to look

after him at an earlier stage in his recovery. As the medical services become better organised and more attention is paid to the problems of chronicity, special centres will be developed for treatment and rehabilitation with consequential further demands on the ambulance service.

Without touching on matters of policy or hazarding an opinion whether the hospital service would be able to manage ambulance services as efficiently as the local health authorities now do, it is permissible to point out that those who provide and pay for this service have very little effectual control of its use, which is very largely dictated by the hospitals. If the ambulance service became the responsibility of the hospitals, it would at least be necessary for them to consider the repercussions on the ambulance service of their future planning, whereas in present circumstances they have no incentive to do this.

By the middle of the year the two diesel-engined sitting case ambulances fitted with Burtonwood hoists were taken into service and one of the older stretcher vehicles retained as a stand-by for sitting cases.

When first demonstrated the Burtonwood hoist appeared something of a luxury but, in operation, it has proved a very useful investment. The driver of a vehicle fitted with a Burtonwood hoist is able, single-handed, rapidly and safely to load a very severely disabled patient so that the time taken to collect a number of patients and to distribute them again is materially lessened. Administrators need always to remember that, in the present phase of our economic development, few machines can be too expensive if they reduce the demand for labour which is likely to become more costly and be recruited from sources where the average level of ability must surely decline as opportunities expand.

Wherever possible rail transport is used, wholly or in part, for patients who require to travel long distances, as this form of transport is not only cheaper but, more important, it gives the patient a more comfortable journey and makes less exacting demands on his physical resources.

Rail Journeys

	1955	*1956*	*1957*	*1958*	*1959*	*1960*
Rail Mileage	20,668	23,220	21,409	22,150	18,210	19,782
No. of Patients	422	512	460	471	392	432
Cost	£168.15.2	£199.8.0.	£187.12.6	£196.7.3.	£182.3.3	£180.7.7

	MILES				PATIENTS				MILES PER PATIENT			
	1960	1959	INC.	DEC.	1960	1959	INC.	DEC.	1960	1959	INC.	DEC.
S.J.A.B.	107,559	93,740	13,819	-	16,497	14,976	1,521	-	6.52	6.26	0.26	-
1.D.Ambulances	2,443	2,331	112	-	325	319	6	-	7.52	7.31	0.21	-
H.C.S.	226,992	194,186	32,806	-	51,596	43,060	8,536	-	4.40	4.51	-	0.11
S/Case Ambs.	35,040	36,028	-	988	18,810	19,015	-	205	1.86	1.89	-	0.03
Corpn.Car Pool	12,943	19,096	-	6,153	538	1,274	-	736	24.06	14.99	9.07	-
Private Hire Cars	826	470	356	-	25	20	5	-	33.04	23.50	9.54	-
TOTALS	385,803	345,851	39,952	-	87,791	78,664	9,127	-	4.39	4.40	-	0.01

Once more the opportunity of acknowledging with grateful thanks the services of those who co-operate with us is accepted with pleasure. In particular we would mention Superintendent E.A. Harris, M.B.E., Nursing Superintendent Miss H.J. Minnett, and the officers and personnel of the St.John Ambulance Brigade, the officers and members of the British Red Cross Society who provide escorts, the members of the Hospital Car Service and the officers of the Hospital Management Committee for all their help during the year.

Section 28 - Prevention of Illness, Care and After-Care

TUBERCULOSIS

Your arrangements for the prevention of tuberculosis and its after-care are satisfactory. Co-operation with the hospital services is complete and further experience confirms the view that our methods for the investigation of infection and surveillance of contacts are sound.

It is now uncommon for patients under the age of 45 to die from pulmonary tuberculosis and mortality from the disease is still declining.

Fewer new cases are notified, but of 69 such patients, 47 were already *sputum positive* and, hence, *infective* when the disease was discovered.

It is only since 1953 that the statistical returns have differentiated between the sputum negative and sputum positive, and during that time the proportion of positives has risen from one-third to two-thirds. It is unlikely that diagnosis has become more tardy; indeed, the most likely explanation is that laryngeal swabbing and gastric lavage have since been introduced as routines and laboratory techniques have become more refined; in consequence patients who were confidently regarded in the past as being non-infective, today are being shown to be positive.

Since we began skin testing six years ago the proportion of positive reactors at age 14 has been reduced by two-thirds and one expects this to fall still further. The fewer positives we find, the more productive will be the search for the source of the infection which occasions each skin "conversion", which is one of the reasons for testing the 2nd year in addition to the 3rd year in the secondary schools.

One of the most important reservoirs of infection is the elderly, particularly the ageing male. For this reason, and also because respiratory cancer has reached epidemic proportions, it is highly

desirable that all chest symptomatology, particularly of a persistent nature in the older age groups, should be thoroughly and expertly investigated as early as possible.

New drugs have proved potent weapons against tuberculosis, but inadequate treatment, occasioned by the patients' reluctance to continue taking them for the lengthy prescribed periods necessary, introduces a risk that drug resistant strains may gradually replace those which are susceptible, just as the coagulase positive staphylococcus has established itself as the scourge of the modern hospital.

In dealing with the non-medical problems inseparable from a long illness, the work of your case assistant is very much appreciated by patients and doctors alike. The matters with which she is most frequently concerned are housing, rehabilitation, employment and financial assistance.

Dr. E.G. Sita-Lumsden informs me that a total of 668 new contacts were examined at the Chest Clinic during the year, of whom 7 were found to be suffering from tuberculosis. In addition 6 contacts under surveillance from previous years were also notified. Contacts of patients made 1,587 attendances. There were 69 households in the Borough in which an individual was known to be excreting myco-bacterium tuberculosis some time during the year; of these

(i) 42 were positive for the first time;

(ii) 11 were relapsed patients known to have been positive in the past;

(iii) 16 were classed as open chronic cases.

The fates of the patients in these three groups were as follows:-

(i) 32 were rendered sputum negative, 3 died and 7 remained sputum positive;

(ii) 9 were rendered sputum negative and 2 remained sputum positive;

(iii) 1 was rendered sputum negative, 4 died and 11 were considered to remain sputum positive at the end of the year.

Home treatment of tuberculosis is now well accepted as an adjunct to, and not as a substitute for hospital treatment. Its success owes a great deal to the Home Nursing Service which paid 2,175 nursing visits to a total of 51 patients.

Domestic Help Service

This section provided help for 2 households as compared with 3 in the previous year.

Extra Nourishment

A free daily issue of one pint of milk was made to 31 patients during the year.

The Work of the Tuberculosis Health Visitor

A total of 2,363 visits was paid during the year and in addition Mrs. Wilson attended an average of five sessions at the clinic each month.

Prevention

The routine follow up of the family and social contacts of notified cases of pulmonary disease is reinforced by the examination of any groups suspected of being at special risk. Of these groups the schools are the most important, for the child is very sensitive to infection and the extent of the damage which can be caused in a school by one infective case is, perhaps, not generally realised.

It is now our established practice to investigate a school either when we find a child suffering from tuberculosis for whose infection we can produce no satisfactory explanation or when we discover that an open case has been in contact with the pupils.

During the year we investigated schools because

(a) the myco-bacterium was recovered from the gastric washings of a pupil (a contact of her mother);

(b) a boy was notified who also produced positive gastric washings, and

(c) a girl was notified following haemoptysis.

The first step is to offer skin testing to all known negatives and X-ray examination to known, or newly discovered, positive reactors. In some instances we may re-test the positive reactors three or four months later.

In our experience skin testing is a very reliable way of assessing the likelihood of a school infection, particularly if the nature of the individual reactions is taken into account, as well as the proportion of positive reactors.

We are also satisfied that the child who produces a well marked skin reaction is one for whom radiological and clinical surveillance is indicated throughout the remainder of school life.

In 1956 we reported a school outbreak of tuberculosis and followed up, both radiologically and clinically those pupils who gave evidence of recent skin conversion. Quite recently one of them was discovered, by Mass Miniature Radiography, to be suffering from bilateral disease and to have been a source of risk for some time to his fellow employees. There can be little doubt that his present condition was the consequence of the breakdown of his earlier infection.

Two of the school investigations referred to revealed nothing of consequence. The proportion of skin reactors was no higher than was to be expected and the reactions themselves were, on the whole, comparatively mild.

We found a different state of affairs at the school from which the pupil with the haemoptysis had been notified. Here the proportion of skin reactors was considerably raised and the reactions themselves were mostly quite fierce and extensive. The contrast between this school and the other two, to which reference has been made, was most striking.

It so happened that just about the time this child was notified we had arranged to visit the school to carry out B.C.G. vaccination and had we not known of the nature of the child's illness, skin test results from the third year pupils should have raised some suspicions, but we were perhaps fortunate in the foreknowledge which led us to test the whole school.

All known and recently discovered positive reactors were offered X-ray examination and, where necessary, clinical surveillance by Dr. Sita-Lumsden, consultant physician for tuberculosis, and B.C.G. vaccination was postponed until we carried out a second skin testing of those who had been negative earlier in the year. This examination showed that a number of conversions had occurred in the interim, chiefly in the forms with which the patient's main contacts lay. Vaccination with B.C.G. was offered to forms where there had been no significant number of recent conversions and the remainder were retested for a third time early the following year when it was then deemed safe to proceed with vaccination.

The patient had been an active member of a hockey team and a drama group and it was considered prudent to extend our examination to the contacts which arose from these activities. Our first skin tests involved approximately 800 children and from the school alone 126 were referred for X-ray examination.

In the succeeding months nine pupils, particulars of whom are given below, were notified and, in addition, three others required special surveillance.

Notified

	Date of Birth	*Skin Test*	*X-ray report*
J.H.	21. 8.46.	Strongly positive	Erythema Nodosum. Sputum T.B.positive. Primary disease. Admitted to hospital.
B.R.	6. 9.44.	10 m.m. x 10 m.m.	Primary P.T. Sputum T.B. positive.

	Date of Birth	Skin Test	X-ray report
M.McD.	27. 9.44.	Strongly positive	Tuberculous mediastinal nodes. Admitted to hospital.
M.H.	14. 1.45.	10 m.m. x 15 m.m.	L. hilar glands enlarged.
A.T.	29. 9 44.	7 m.m. x 7 m.m.	Bilateral hilar adenitis. Later notified by the Brompton Hospital.
C.S.	5.11.44.	15 m.m. x 12 m.m.	Enlarged R.paratracheal gland. Sputum T.B. positive.
M.C.	19.10.44.	9 m.m. x 10 m.m.	Large L. Hilum. Erythena Nodosum.
J.C.	6. 8.45.	10 m.m. x 12 m.m.	Small R. pleural effusion.
P.B.	9.10.44.	14 m.m. x 18 m.m.	Infiltration with consolidation L.U.L. L. hilar gland enlarged. Sputum T.B. positive.
Surveillance			
D.V.	24. 6.45.	45 m.m. x 25 m.m.	Probable minimal primary complex R.U.Z.
A.P.	16.12.45.	Positive	Chest X-ray normal. Atypical Erythema Nodosum.
M.P.	10.11.44.	12 m.m. x 14 m.m.	A little streaky shadowing at both bases.

In the tables which follow are set out the results of the first skin tests in the school according to forms. Those considered to be at special risk are enclosed in a box. The form from which the notified patient came is marked with an asterisk but all the fourth year pupils were specially considered because the teaching of a number of subjects in the school is on a set and not a form basis. No explanation is forthcoming for the high incidence of positive reactions in form 3A, but the general picture which emerges is that there had been a significant amount of tuberculinisation throughout the school and the proportion of positives in the lower forms was two or three times that which we would ordinarily have expected. There are also set out particulars of skin conversions which occurred between the beginning of May and the end of the year, striking justification for repeating our examination.

Skin Test Results April/May, 1960

Form	*No. Tested*	*No. Positive* †
1C	34	6
1L	34	6
1H	35	7
1S	34	5
2G	37	7
2B	36	5
2P	32	5
2N	35	4
2A	31	5
3A	35	10

Form	No. Tested	No. Positive †
3AP	34	8
3 Alpha	36	5
3 Alpha P	28	1
4A	35	12
4AP	28	4
4 Alpha	28	12
4 Alpha P	34	3
5A	28	4
5AP	16	3
5 Alpha	20	3
5 Alpha P	22	6
L6	5	-
L6P	10	4
L6S	3	1
U6	13	-
	683	126

† From these totals are excluded pupils known previously to positive or having had B.C.G. vaccination.

Skin tests on all negative reactors were subsequently undertaken to measure the amount of latent infection produced by the outbreak.

By September, 1960 the following conversions were recorded:-

Previous Form	Skin Test Reaction
1L	7 m.m. x 7 m.m.
2P	Positive
2P	Positive
2B	9 m.m. x 8 m.m.
2N	8 m.m. x 8 m.m.
2N	6 m.m. x 7 m.m.
2N	Positive
3A	Positive
3A	7 m.m. x 6 m.m.
3 Alpha	Positive
4 Alpha	Positive
4 Alpha P	Positive
4 AP	8 m.m. x 8 m.m.
5 Alpha P	Positive
5 Alpha P	8 m.m. x 8 m.m.
4A	7 m.m. x 8 m.m.
4A	10 m.m. x 12 m.m.

and by December:-

5AP	6 m.m. x 7 m.m.
5AP	10 m.m. x 6 m.m.
L6P	7 m.m. x 9 m.m.

Reference has earlier been made to the outbreak in the boys' school which occurred in 1956 and to a special survey which yielded negative results and which, incidentally, was carried out in this same boys' school.

It so happens that the girls' school which produced the 1960 outbreak adjoins the school involved in 1956. The pupils who attend each of them come from the same areas and, in many cases, from the same families. The distinction between them is only of sex. It is of interest to set out the skin test results obtained in 1960 from

the corresponding forms in the two schools. As our investigations were restricted to certain forms in the boys' school, it is not possible to afford comparisons at all ages, but those which are available do appear significant.

Boys' School			*Girls' School*		
Form	*No. Tested*	*No. Positive* †	*Form*	*No. Tested*	*No. Positive* †
3A	37	1	3A	35	10
3B	27	4	3AP	34	8
3C	31	2	3 Alpha	36	5
3D	16	2	3 Alpha P	28	1
3E	12	-			
3R	32	2			

† From these totals are excluded pupils known previously to be positive or having had B.C.G. vaccination.

B.C.G. Vaccination

(a) Contacts (By the Hospital Service)

A total of 126 children, close contacts of patients suffering from tuberculosis (in many instances the parents) were vaccinated with B.C.G., 35 fewer than in the previous year.

(b) School Children (By the Local Health Authority)

Vaccination with B.C.G. is offered to all children who are skin negative in the 14th year of their age and thereafter throughout school life we urge the older children who have not been vaccinated to accept this protection. Special attention is paid to the Municipal College, where a substantial minority of the pupils come from overseas and where, of 157 tests performed, no fewer than 39.5% were positive.

During the year we began to offer skin tests to children in the 13th year of their age and later on we hope to make an annual skin test available to all children in secondary schools until they become eligible for vaccination with B.C.G.

By this means we shall identify the children who contract a primary infection during secondary school life and be able to afford them the radiological investigation and clinical surveillance which we are satisfied should be continued for some years after a primary infection. Furthermore, if we can pick out the child who has converted within 12 months we can usefully look into his environment for the cause of his infection.

The following table shows the skin test results of children in their 14th year:-

School	No. Invited	No. Tested	Positive	Vaccinated
Belfairs H.S. (Boys)	361	265	18	226
Belfairs H.S. (Girls)	574	421	32	358
Dowsett H.S. (Girls)	308	198	20	146
Eastwood H.S. (Boys)	124	88	4	80
Eastwood H.S. (Girls)	163	132	11	114
Fairfax H.S. (Boys)	408	315	21	276
Sacred Heart	14	10	-	9
St.Bernard's Convent H.S. (Girls)	433	374	36	300
St.Christophers	60	43	2	34
St.Helens	34	23	3	16
Southchurch Hall H.S. (Boys)	320	195	15	163
Southend H.S. (Boys)	407	308	20	264
Southend H.S. (Girls)	465	268	19	221
Wentworth H.S. (Boys)	145	138	16	98
Wentworth H.S. (Girls)	164	141	17	104
Westborough H.S.(Girls)	162	138	14	106
Westcliff H.S. (Boys)	621	482	36	438
Westcliff H.S. (Girls)	210	195	9	186
TOTALS	4973	3734 = 75.1%	293 = 7.8%	3139 = 84.1%
Municipal College	-	157	62 = 39.5%	77 = 49.0%

The following table shows the skin test results of children in their 13th year:-

School	No. Invited	No Tested	Negative	Positive
Belfairs H.S. (Girls)	188	136	125	8
Fairfax H.S. (Boys)	161	134	124	8
St.Bernards Convent H.S. (Girls)	143	119	108	11
Wentworth H.S. (Girls)	104	100	84	9
Wentworth H.S. (Boys)	110	103	84	8
Westborough H.S.(Girls)	122	112	106	5
Westcliff H.S. (Boys)	243	193	136	5

Tuberculosis After-Care Sub-Committee

The following statistics furnished by the secretary, Mr.C.Clancy, F.Comm.A., to whom we are much indebted, relate to the Tuberculosis After-Care Sub-Committee of the Civic Guild of Help, to which the Council made a reduced grant of £100, reduced because of the unexpended portion of the previous year's grant. The amount disbursed by the Civic Guild amounted to £264. 0s. 8d. as compared with £157.11s. 4d. in the previous year.

Type of Assistance	Number Assisted	Cost £.	s.	d.
Clothing and Household goods	8	90.	0..	6.
Travel vouchers to visit patients in hospitals and sanatoria	4	15.	12.	4.
Bedding	1	16.	2.	6.
Care of Children	3	13.	5.	0.
Insurances	5	52.	17.	1.
Materials for Occupational Therapy	3	13.	0.	10.
Miscellaneous	4	16.	7.	5.
Christmas Gifts	31	46.	15.	0.
Total number of cases assisted	43	264.	0.	8.

CHIROPODY

In March the Minister of Health announced his readiness to approve proposals by local health authorities wishful of providing a chiropody service as part of their arrangements for the prevention of illness under Section 28 of the National Health Service Act.

The Council decided that, in the first instance, treatment would be made available, without charge, to those over the age of 70 who were recommended on medical grounds.

It was further decided that treatment should be offered, not at the surgeries of chiropodists in private practice, but at premises owned or controlled by the Council. It was appreciated that the Council's proposals could not be brought into effect until suitably qualified personnel willing to operate the scheme were available; no treatment could be provided during the year under review.

Chiropody services are often provided under the auspices of various elderly persons' organisations, and treatment at reduced rates is provided for their members by the Darby and Joan Clubs in the town.

The Minister of Health will only allow local health authorities to employ as chiropodists those who are qualified under the National Health Service (Medical Auxiliaries) Regulations, 1954. These Regulations require a high standard, at least two years full-time day training in marked contrast to the correspondence courses which have apparently sufficed for the training of some who now practise chiropody.

He is, nowever, prepared to allow local health authorities to subsidise chiropody services organised for the benefit of the elderly by voluntary organisations which employ chiropodists whose

training does not satisfy the requirements of the Regulations. In other words, local authorities may contribute indirectly to the payment of those whom they are precluded from employing in their own right.

ILLNESS GENERALLY

Convalescent and After-Care Homes

During the year, 73 patients were provided with recuperative holidays or after-care for periods of up to 4 weeks. The total cost of this provision was £756. 7s. 0d., towards which patients or their relatives were required to contribute £139. 4s. 7d.

Home Nursing Requisites

Requisites most universally in demand are supplied on loan by the local division of the St.John Ambulance Brigade, to which the Council made a grant of £100 towards the cost of equipment. Superintendent Harris has kindly furnished the following information about articles loaned during the year:-

Patients assisted	1,600
Average period of loan	6/7 weeks

Articles loaned, as under:-

Bedpans	472
Urinals	106
Rubber sheets	399
Back-rests	145
Wheel chairs	292
Bed-tables	7
Air-rings	204
Commodes	100
Crutches (pairs)	54
Walking-sticks	26
Bed-cradles	93
Feeding-cups	31
Wedge pillow	1
Bed	1
Sputum mug	1
Steam kettles	5
Inhaler	1
Breast pump	1
	1,939

THE HARD OF HEARING

The Southend-on-Sea Hard of Hearing Group continued to meet weekly at the Liberal Hall, Clarence Road.

Section 29 - Domestic Help

The direction and administration of this scheme remained unaltered throughout the year. Your expenditure per thousand population increased by £5. 3s. to £148. 9s. while the national average rose by £15. 14s. to £163. 6s. The cost per case serviced remains unchanged at £23. 14s.

The service continues to prevent or delay the need for admission of the elderly to Part III beds so they are retained in the community and relieve pressure on your accommodation. Without this relief we should be unable to discharge our obligations to the ageing.

It also lessens the demands for hospital admission and makes possible the domiciliary confinement of many mothers who otherwise would be compelled to seek admission to the Maternity Unit.

The number of individual families who received help during the year was 1,388 as compared with 1,277 in the previous year.

632	were assisted	under	1 month
180	"	"	1-3 months
103	"	"	3-6 months
131	"	"	6-12 months
342	"	over	12 months

Staff employed:-	on 1.1.60	on 31.12.60
Full-time ...	26	22
Part-time ...	124	125
	150	147

Applicants were assessed to contribute towards the cost as follows:-

Free	292
10s.0d per week and under	465
10s.0d - £1	96
£1 - £1.10s.	90
£1.10s. - £2	113
£2 - £3	85
£3 - £4	59
£4 - £5	12
£5 - £6	22
Full Cost	154

Section 51. Mental Health Service

REPORT OF THE ROYAL COMMISSION

The report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency was presented in May, 1957, and some parts of the Mental Health Act, 1959, which put into effect many of its recommendations, became effective on the 15th July, 1960. There have been many reports by Royal Commissions but few have been translated more completely or promptly into legislative action.

The Report was almost universally acclaimed on its publication. How much its favourable reception was the result of patient and enlightened educational work by the National Association for Mental Health is a matter for conjecture but, looking back on the events of these years, one realises that efforts to change the law and mould public opinion effectively concerning mental illness, have achieved outstanding success.

The Report's main theme is that there are no essential differences between mental and physical illness, and goes on to recommend that practices which make an artificial difference between the sickness of the body and the sickness of the mind should be ended ; hospitals should afford the kind of treatment that their staffing and equipment permits, and admission to all be completely informal except where the patient actively objects.

The distinctions which should be ended are, however, not restricted to the hospital or the medical world. What, for want of a better term, we call "welfare" has hitherto been provided for the mentally disordered partly by local health authorities, partly by welfare authorities and partly by children's committees. The Report recommends that what a patient requires should be afforded by the agency and means best suited to his needs.

The Commission examined the respective roles of the hospital and the local authority and concluded:

> "The hospital should provide inpatient and outpatient services for patients who need specialised medical treatment or continual nursing attention. ..... No patient should be retained as a hospital inpatient when he has reached the stage at which he could return home if he had a reasonable good home to return to. At that stage the provision of residential care becomes the responsibility of the local authorities.
>
> The local authorities should be responsible for preventive services and for all types of community care for patients who do not require inpatient hospital services, or who have had a period of treatment or training in hospital and are ready to return to the community.
>
> Social work for patients who are not receiving hospital treatment including patients who have left hospitals is essentially the responsibility of the local authorities who can also do a great deal in co-operation with the hospital staff for hospital outpatients and even for inpatients.

There must be very close co-operation between the medical staff and social workers of the hospitals and the local authorities to ensure the best use of the resources of each and maximum continuity in the care of individual patients. Arrangements to ensure such co-operation should be made in each local area. Further care should be provided by the local authorities as long as it is needed. This would involve a considerable expansion of residential and non-residential community health and welfare services. In developing these services the local authorities have a major part to play in the provision and relief of all forms of mental disorder. It is essential that medical officers of health should take a personal interest in this work, and have suitably experienced medical officers and social workers on their staff".

THE MENTAL HEALTH ACT, 1959

The provisions relating to compulsory admission and detention came into force on 1st November, 1960.

The Act recognises "*mental disorder*" which may take the form of "*mental illness*", "*subnormality*" or "*psychopathic disease*"; making a distinction between "*subnormality*" and "*severe subnormality*". Where compulsory powers of detention are required they are available in cases of mental illness, severe mental subnormality and, if the patient is under 21, for subnormality and psychopathic disease also.

Detention for "*observation*" or "*treatment*" is legalised in any hospital whereof the managers are prepared to accept the patient. For the purposes of "*observation*" it is limited to 28 days. "*Detention*" is based upon two medical recommendations, one from a practitioner having previous knowledge of the patient and the other from a practitioner of special experience who is "*approved*" for this purpose. In an emergency, detention for "*observation*" can be initiated on one medical recommendation but may not be continued beyond three days unless the second medical recommendation is forthcoming. The detention of the "*subnormal*" or "*psychopathic*" save of those convicted of certain offences cannot be begun after the age of 21 is attained, and must cease at age 25 unless there is a medical report that the patient would be likely to act in a manner dangerous to other persons or himself.

The new legislation confers wider powers on relatives, and a patient cannot be admitted for "*treatment*" if the nearest relative objects. A patient detained for "*treatment*" can be discharged at any time by his nearest relative on 72 hours notice unless a report certifying that the patient would be likely to act in a manner dangerous to other persons or himself is received. Mental Health Review Tribunals are established to consider representations in respect of any patient who is liable to be detained under the Act.

Hitherto, the parent of a child who was capable of benefitting from education has been under the obligation to ensure that he received suitable education, but the parent of the ineducable child could not be compelled to provide him with the appropriate training, an anomaly removed by the new Act.

Guardianship is available to all classes of patient who are susceptible of being detained and the duties imposed on local authorities in this regard can be both extensive and onerous.

Duties of Local Health Authorities

The duties of local health authorities in regard to persons who are, or who have been suffering from mental disorder now include:-

"(a) the provision, equipment and maintenance of residential accommodation, and the care of persons for the time being resident in accommodation so provided;

(b) the provision of centres or other facilities for training or occupation, and the equipment and maintenance of such centres;

(c) the appointment of officers to act as mental welfare officers under the following provisions of this Act;

(d) the exercise by the local health authority of their functions under the following provisions of this Act in respect of persons placed under guardianship thereunder (whether so placed under the guardianship of the local health authority or of other persons); and

(e) the provision of any ancilliary or supplementary services for or for the benefit of any such persons as are referred to in subsection (1) of this section."

The limitations imposed by the National Assistance Act on the provision of accommodation are removed so far as they relate to the mentally disordered; children who are suffering from mental disorder may be accommodated by the Children's Committee.

PROPOSALS (NATIONAL HEALTH SERVICE ACT, 1946)

A local health authority's future activities in the field of mental health are given a legal basis when its "proposals" are approved by the Minister under the National Health Service Act, 1946.

Your proposals (incorporating a statement of the Council's plans for the period up to April, 1963, and a further general statement of their subsequent intentions) as approved by the Minister on 17th August, 1960, are set out below:-

"*General*

The authority will make appropriate arrangements for the provision of services to meet the needs of the mentally disordered living in the community and will make the services known to and available to those who are in need of them. In particular, they will provide, or cause to be provided as and when deemed necessary junior training centres, adult training centres, home training, residential accommodation, day centres, social clubs and a home visiting service.

When the proposals relating to duties under the enactments to be repealed cease to have effect it is intended that the Health Commmttee shall continue to be responsible for the general control of the Mental Health Services. The authority do not propose to set up a sub-committee to deal with their Mental Health Services but will review the position in the light of experience, and if, at any time, it appears desirable so to do, will set up a Mental Health Service Sub-Commm ttee. The Medical Officer of Health will continue

to be responsible to the authority for the organisation and operation of the Mental Health Services.

The authority proposes, with the consent of the Regional Hospital Board or Hospital Management Committee as may be appropriate, to make arrangements for the part-time employment, as appropriate, of medical and other staff which may from time to time be in the service of the bodies referred to.

If considered desirable the authority would propose to set up consultative machinery for the consideration of matters of common interest to the respective bodies and to the institution of measures to secure the better integration of all services available to the mentally disordered.

Community Services

As far as its own services are concerned the authority will ensure, as far as is practicable, unity of direction and effective integration with their other health services.

The authority recognises that, in general, their services are likely to be used only to the extent that consultants and general practitioners alike find them serviceable to their patients, and consider the deployment of such services should be at the request of those who have a clinical responsibility for the patient. They envisage that progress on these lines is likely to be slow and to call for both patience and mutual forbearance, but they are encouraged by the progress which has been made since their Mental Health Services were established under the National Health Service Act.

The authority have experience of encouraging the formation of, and working with, voluntary agencies and they would propose to apply this to the mental health field; and also to make use of such services provided by other local authorities as may be mutually agreed and desirable.

The authority intend to appoint a sufficient number of officers to act as mental welfare officers under the Mental Health Act, 1959, from such dates as the relevant provisions of the Act come into operation.

The authority will take whatever measures are necessary including secondment and in-service training to ensure that their staff of all grades are adequately trained and/or qualified.

Training Centres

A new centre providing 60 places to replace the existing centre will be brought into operation at the beginning of the summer term, 1960.

The staff consists of a trained supervisor, an experienced deputy who is now undergoing a part-time in-service course of instruction arranged by the National Association for Mental Health, a teacher of the mentally handicapped who has recently completed a period of whole-time training for which she was seconded by the authority, and a trainee who will be seconded for whole-time training in September. It is proposed to recruit a male instructor for older boys to commence duty in September next, and in September 1961 permanently to increase the staff by another trained woman teacher. It is not expected that all the available places will be filled before the autumn of 1961, and the development of the senior boys class may well be slower as it is proposed to form this mainly by the retention of male pupils to an older age than has hitherto been practicable.

The authority's plans are expected to provide within 18 months for all suitable cases, but further provision will be made if necessary.

It is considered that an adult training centre is not at present necessary. The authority will make suitable provision as and when necessary, if possible in separate accommodation.

Short-Term and Home Care

The authority will continue to provide short-term care as necessary. Residential accommodation for the mentally disordered will be provided as necessary either directly or by arrangement with other bodies or authorities or otherwise.

The authority will give consideration to the need for the employment of a home teacher or teachers, and take such action in this behalf as may then be deemed appropriate.

Social Activities

The authority attaches considerable importance to its revival of a social club and earnestly hopes this will be possible at an early date.

The authority propose in due course to give consideration to the need for day centres and to provide these either directly or through voluntary agencies as may be deemed necessary and appropriate in the future.

The authority would be willing to co-operate with any voluntary agency which made satisfactory arrangements for social clubs and appropriate activities for any class of mentally disordered or mentally subnormal persons.

Visiting

The authority will provide a home visiting service to meet the needs of all mentally disordered persons in the area.

The authority will take such measures to ensure that the staff of the home visiting service are adequately trained or qualified and will encourage them to take the necessary training.

Guardianship

The authority intend to exercise their functions under the Mental Health Act, 1959, in respect of persons placed under guardianship, whether under that of the authority or of other persons, when these replace the functions under existing legislation."

Approval of Practitioners

Reference is made earlier to the requirement that compulsory admission and detention is authorised only on the basis of two medical recommendations, one of which must be by a practitioner approved by the local health authority "as having special experience in the diagnosis or treatment of mental disorder."

The regulations made in this regard require authorities, before approving a practitioner, to consult and obtain the agreement of any two members of a local advisory panel for their area, who must be satisfied that the medical practitioner possesses the necessary special experience before he may be approved; such approval is ordinarily given for five years.

The Health Committee were advised in this matter by Dr. Ström-Olsen (Chairman), Dr. R. W. A. C. Barton, Dr. J. E. Glancy, Dr. R. Bates and Dr. B. Matheson, to whom we are much indebted.

The names of the practitioners approved by the local health authority are as follows:-

Approved Practitioners under Section 28 of the Mental Health Act, 1959.

Dr. R. Strom-Olsen
Dr. M. A. Basker
Dr. H. Bevan Jones
Dr. T. Rowland Hill
Dr. H. F. Hiscocks
Dr. J. Stevenson Logan
Dr. R. O. G. Norman
Dr. J. C. Preston
Dr. A. A. Robin
Dr. G. D. Fraser Steele
Dr. P. Macdonald Tow

Importance of Domiciliary Consultations

One of the boons conferred by the National Health Service Act was the provision made for domiciliary consultations, and in no field was this development more urgently needed than in psychiatry. The development of psychiatric domiciliary consultations has been one of the main reasons for the growing acceptance of psychiatric treatment at an earlier stage in the illness, and the public and the profession in general is indebted to those consultants who, often without any commensurate financial return, have in the past shouldered this onerous burden.

The necessity for a second medical recommendation will have the effect of introducing the consultant in circumstances where formerly this was erroneously thought to be unnecessary and, for this reason alone, is a major advance. Local health authorities are required to pay for each medical recommendation not made by hospital staff in the course of their ordinary duties, the authorised fee at the present time being 3 guineas.

Mental Welfare Officers

The Mental Health Act abolished the term "Duly Authorised Officer", an office established by the National Health Service Act, 1946. Those concerned with the formalities of admission to hospital are now to be known as "mental welfare officers" but, as the new title suggests, they also have a duty to promote the interests and well being of all who suffer from mental disorder.

As from the time when the Health Committee became responsible for the administrative aspects of mental illness, it had been our aim, at least at the functional level, to recognise the essential unity of these two aspects of our work, and the duly authorised officers had, since 1948, played some part in dealing with the mentally subnormal, although the officer whose duties were primarily with these patients was not, for various reasons, given responsibilities in connection with mental illness.

Unification of Welfare Services

To cope with their future responsibilities many local health authorities sought actively to increase their staffs in advance of the new order, with the result that by the end of 1959 the two whole-time and very experienced duly authorised officers in your service had obtained promotion elsewhere.

As the recruitment of staff sufficiently numerous to support all the out-of-office obligations of the mental health section had not been justifiable, it had been necessary to appoint and train male district nurses as relief duly authorised officers. Although on the whole this had worked very well and had provided opportunities for promotion for them it seemed no longer wholly appropriate to our needs.

By and large, welfare, be it the welfare of the old, the physically or the mentally handicapped, is essentially indivisible and while there is room and, indeed, need for special training in its various aspects, it should be organised as a unity. You were therefore advised that your obligations could best be discharged if all welfare functions were placed with one section.

This is a logical, though radical step which, as far as we know, has been taken by no other local health authority. From one point of view it looks uncommonly like a turning back of the clock, substituting for the old relieving officer a social and mental welfare officer, and yet what a world of difference there is. Welfare was a by-product of the old Poor Law, developed by dedicated people in the face of official rigidity and 19th century modes of thought. Medical opinion was then very frequently most brusquely brushed aside and permitted no part in the guiding of developments. Provided this does not happen again, the future would seem assured.

With this change in organisation your medical officer of health has had to hand over direct personal supervision of the case work of the mental health section and the training of its officers. This is the occasion of some regret, softened by the realisation that the objects for which he undertook this work in 1948 are well on the way to being attained.

THE FUTURE

Disraeli said "never prophesy until you know". The chronic economic instability we have endured since the end of the War justified this caution, for the so-called public sector of expenditure being most susceptible of central control, our services have suffered a vexatious alternation of "stop" and "go". Within short periods authorities have been warned of a slowing down of their capital projects, been aware of the administrative devices

employed to make progress even slower and then been exhorted to speed up works and schemes "before the end of the year".

However, if one looks only at trends and needs, and avoids speculation as to the rate of progress, the pattern for the future is reasonably clear.

"Community care" is the fashionable phrase of the moment and is on almost all lips. It attractions are manifold. At the centre, a considerable reduction in the number of hospital beds for the mentally disordered is confidently expected and planned. The prospect must delight the Treasury and the Hospital Service for the latter would be relieved of their least rewarding patients and their staff difficulties reduced proportionately. How is this to be accomplished? Earlier diagnosis and improved treatment will play their part especially when psychiatry attracts a fairer share of the best medical graduates and psychiatric experience is allowed to influence nurse training and ordinary hospital practice. But when all allowances are made for the brilliant medical prospects for the future the plain fact is that the local authorities - the patient, residual authorities who undertake all the jobs that central departments do not want, are incapable of doing or cannot afford to do - are expected to shoulder the burden.

It is doubtful whether public opinion on this matter has been correctly gauged. Any obvious enlargement of personal liberty, any curtailment of so-called bureaucratic powers and dictation are universally welcomed and applauded until someone is inconvenienced or disturbed, when there is a sustained clamour for "something to be done".

The community is expected increasingly in the future to accept and tolerate mental instability and the conduct which it occasions. There is still much fear of the mentally disordered, the popular outcry when a prisoner escapes from Broadmoor or Rampton is evidence enough, and one's official postbag contains occasional protests concerning patients who are in the community. It is one thing to deplore custodial care for the mentally sick, and quite another to hear one's children foully abused by a distraught neighbour or have her knock on the wall or make all kinds of bizarre and unjustifiable complaints.

Many authorities have found considerable difficulties in obtaining planning consents for hostels, training centres and the like, in the face of strong local opposition to schemes which the Councils have already approved. The First World War produced a sardonic ditty, the refrain of which was "Send my mother send my dear old Dad, But for ....'s sake, don't send me"; these unheroic if understandable sentiments, are very much those of the ordinary

man and woman concerning the impact of the mentally ill, even though their attitudes are rationalised most frequently as being occasioned solely by concern for the good of others including the patient.

Those who are responsible for the welfare of children would also enter their caveat in this matter. Physical cruelty is, we believe, becoming less and less common, but the invisible wounds inflicted either directly or indirectly by the mentally sick are just as crippling and deadly, and children require not less, but more protection against them.

All this is not to deny that properly organised, judiciously applied and adequately staffed community care services have a great part to play in the future well being of the mentally disordered. Much economic waste, much futile diversion and loss of skills could be avoided if better community services, supported by understanding employers and trades unions, could be established.

The prime requisite is an adequate trained staff. Comment has been made elsewhere on the demands of our society for intelligence and initiative to say nothing of integrity. Nowhere is this more important than in dealing with the mentally ill or subnormal. The promotion of welfare is the most difficult of all the social arts. Its aim is to teach, persuade and encourage the individual to make the best of his circumstances and capacity and the assistance the community is willing and able to give him. The nurse, and to a lesser extent the physician, have an easier task for they perform services for the patient instead of helping the client to help himself. Furthermore, medical treatment is afforded to those who require it without consideration of expense, the social worth of the patient or even his chances of survival, so in the treatment of disease, there is a singleness of purpose untrammelled by doubts.

The welfare worker, however, is always concerned with the impact of the client on his family and his social group, and these are practical problems and not philosophical niceties. A single example will suffice. The hospital tells us that Mrs.A., a multiple sclerosis patient,, deserted by her husband, could be discharged from a long period of hospitalisation if specially adapted accommodation could be made available. Mrs.A's teenage daughter is, however, being fostered successfully. If Mrs.A. returns to a home provided by the community what are the consequences for her daughter, and would it be the right thing so to arrange matters that this adolescent has placed on her shoulders an increasing responsibility for a patient whose condition must inevitably deteriorate? The hospital's answer is perfectly clear. The patient should come home, but the welfare officer must resolve, as best he can, a situation which might well challenge the wisdom of Solomon.

The welfare officer must be able to make effective contacts with all sorts of people without becoming emotionally involved in their problems. He requires a mature personality and adequate training for his work. His opportunities for training and promotion are meagre as compared with, say, the school teacher, and his remuneration markedly below the Burnham scale.

One difficulty with welfare officers is that they require to be old enough to know sufficient about themselves and life in general before selecting a career in welfare. By the time this point is reached, other opportunities have beckoned them. Authorities are being encouraged to second promising officers for lengthy periods of whole-time training. When these officers are married and have family responsibilities the financial and other difficulties confronting them would daunt all save the most resolute.

A leaf might be taken from the Home Office book as regards the Probation Service. The writer has met several of the new entrants and been impressed with their calibre. Men who have obtained good degrees have been carefully selected for further university training prior to appointments. Unless welfare can recruit and train on the same basis it cannot hope to secure the staff it needs.

The Mentally Subnormal

The Junior Training Centre is well and successfully established. When a qualified male instructor is available it will be possible to retain youths in attendance at the centre until a later age. From this nucleus will grow the need for an adult male centre in different premises where the emphasis will not be more occupation but training for some kind of useful, if humble, employment.

Concurrently with this, it would be surprising if some residential provision by way of hostel accommodation was not found necessary. The young severely subnormal child is a grave burden on his family and the development of an improved visiting system for the teaching and support of parents will be required in the future.

The needs of the mentally ill are largely conditioned by age. As has been pointed out at some length elsewhere in this Report you are already accommodating most of the deteriorated old persons whom you could be reasonably called upon to look after. Pressure to increase this provision at the present time should be resisted, as otherwise you will merely create vacancies in hospitals for the deteriorated old who are the responsibility of other authorities. Improvement or replacement of existing accommodation is, however, quite a different matter and one of much urgency if proper classification is to be achieved and good conditions for staff provided.

Varying degrees of mental deterioration are cheerfully and devotedly looked after by relatives at home. Some relief is urgently required. Day Centres would enable the housewife to shop and enjoy some unrestricted social intercourse free from anxiety as to what some irresponsible and unreliable old man or woman might be doing in her absence, and might even free for employment some daughter who is largely housebound. Your officers would wish to be in a position to afford help and relief in impending domestic crises instead of having to wait, as is now too often the case, until these develop, and increasingly to afford short-term care so as to allow relatives much needed holidays and occasional relief from these responsibilities.

It can be foreseen that the rehabilitation of the mentally ill will increasingly take place outside hospitals, and in consequence more homes like Winston House at Cambridge will be provided by voluntary effort, and local authorities will bear the expense of sponsored patients. In the long run, residential provision for mental patients will be required as an essential part in their re-establishment as self-supporting members of society.

The Act makes provision for extended use of guardianship by local health authorities. In reality this is only in its infancy and we can confidently expect its development and even its ingenious exploitation in the future.

WORK OF THE MENTAL WELFARE OFFICERS

The statistics which are set out annually are presented with well defined aims. It was thought important to know how many patients were admitted to hospital, their age groups and in what ways they were admitted. Special attention was paid to the latter point because it was desired to encourage informal and voluntary action, and to keep under review the circumstances in which compulsion was used, checking its employment save as a therapeutic measure or an administrative last resort.

We also wanted to know how our patients reached the department. Were they sent by doctors or by whom? Did they turn to us of their own volition, or did their relatives come to us for help? By examining these matters we hoped to judge of the progress made by this service, and on the whole, the trends revealed by the figures have been encouraging in that they indicate that our aims were being fulfilled.

This year the figures cannot afford an exact comparison because certain information is no longer sent to local health authorities by the hospitals, as was formerly the case. Nevertheless it is clear that the new procedures of the Mental Health Act, 1959, did not immediately make a material difference in the administrative manner in

which patients were dealt with. During November and December.17 patients were compelled to enter hospital, equivalent to an annual rate of 102 as compared with 115, but as 6 of the latter were "non-volitional" a truer comparison is between 102 and 109. This is due in part to the fact that "informal" admission, legalised by the Act, was resorted to in advance of the "appointed" day, and also to the scrupulous way in which the department had endeavoured to avoid compulsion. As early as 1953 your medical officer of health established that patients could be admitted informally to the psychiatric wards at Rochford and the following table shows to what advantage this was put:-

	Compulsory Admissions			*Informal Admissions to Rochford Psychiatric Wards*		
Year	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
1952	87	167	251			
1953	96	174	270	7	7	14
1954	75	149	224	13	2	15
1955	105	167	272	27	11	38
1956	70	136	206	32	20	52
1957	73	120	193	33	30	63
1958	73	88	161	32	48	80
1959	37	78	109	27	25	52
1960	34	54	88	19	16	35

	Males	*Females*	*Total*
Patients admitted to Runwell Hospital:-			
Lunacy Act, 1890			
Section 11, Urgency Order	3	16	19
Section 16, Summary Reception	11	14	25
Mental Health Act, 1959			
Section 25, Observation	5	10	15
Section 26, Treatment	1	-	1
Section 29, Observation (Emergency)	1	-	1
Informal - (Mental Treatment Act, 1930, Mental Health Act, 1959	63	149	212
Patients admitted to Psychiatric Unit, Rochford:-			
Lunacy Act, 1890			
Section 20, 3-day Order	13	14	27
Informal	19	16	35
	116	219	335
Prevention, Care and After-Care (N.H.S.Act, 1946, Section 28:-)			
Patients coming to notice of mental health section	112	257	369
Patients referred for after-care (included above)	101	207	308

Sources of Referral	Method of Disposal					
	To Runwell	To Rochford	After-Care	Pre-Care	No. Action	Total
Doctors	119	36	46	33	33	267
Relatives, friends	8	-	68	9	5	90
Psychiatric Services (including Psychiatric Out-Patient Clinic)	70	4	9	4	-	87
Police	6	9	13	4	6	38
Southend General Hospital	14	4	2	-	5	25
Personal Application	13	6	150	5	-	174
Transfers from Rochford General Hospital	18	-	-	-	-	18
Reclassifications	23	-	-	-	-	23
Other sources	2	3	23	3	4	35
Total	273	62	311	58	53	757

In addition 19 patients were re-classified on the expiry of Urgency Orders.

Disposal of patients from Psychiatric Unit, Rochford

In hospital on 31.12.59	30
To Runwell Hospital as Certified Patients	8
To Runwell Hospital as Informal Patients	11
To Connaught House (Part III Accommodation)	3
To General Wards	3
Died in Rochford General Hospital	16
Discharged to care of relatives	23
Discharged to care of Mental Welfare Officer	1
In Hospital 31.12.60	27
	122

Disposal of patients not requiring statutory action	New Patients	Former Patients
To Psychiatric Out-Patient Clinic	13	37
Referred re Part III Accommodation	10	2
For follow-up by Mental Welfare Officer	18	13
To General Hospitals	1	1
To Home Help Organiser	3	3
To Private Residential Accommodation	2	6
To employment	3	7
To Moral Welfare Home	-	1
Total	50	70

Total number of visits made in connection with duties under Section 51, National Health Service Act, 1946.	1,321	
National Assistance Act, 1948, Section 48. (Protection of Property)	No. of visits	104
Supervision of mentally subnormal men	No. of visits	76

Admissions to Runwell and Rochford Hospitals, 1960.

		Males															Females														
		Under 16	16 to 20	21 to 25	26 to 30	31 to 35	36 to 40	41 to 45	46 to 50	51 to 55	56 to 60	61 to 65	66 to 70	71 to 75	Over 75	TOTAL	Under 16	16 to 20	21 to 25	26 to 30	31 to 35	36 to 40	41 to 45	46 to 50	51 to 55	56 to 60	61 to 65	66 to 70	71 to 75	Over 75	TOTAL
RUNWELL	Certified Sec. 16. L.A.	-	-	1	3	1	2	-	-	1	1	-	-	-	2	11	-	-	-	2	1	1	6	3	-	-	-	-	-	1	14
	Urgency Sec. 11. L.A.	-	-	1	1	-	-	-	1	-	-	-	-	-	-	3	-	-	-	4	2	-	1	2	3	1	1	1	1	-	16
	Observation Sec. 25. M.H.A.	-	1	1	-	1	1	-	-	-	-	1	-	-	-	5	-	-	-	-	-	1	2	1	1	1	-	-	1	3	10
	Treatment Sec. 26. M.H.A.	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Observation (Emergency) Sec. 29. M.H.A	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Informal M.T.A. and M.H.A.	-	4	6	10	10	8	10	8	2	1	1	1	-	2	63	-	9	13	24	20	18	12	11	9	10	12	3	3	5	149
ROCHFORD	3-day Order Sec. 20. L.A.	-	1	-	3	2	2	-	1	-	-	1	1	1	1	13	-	-	1	1	1	1	1	1	1	3	1	1	1	1	14
	Informal M.T.A. and M.H.A.	2	-	1	1	5	-	1	-	1	1	1	1	1	4	19	-	2	-	-	-	1	1	-	2	2	1	-	1	6	16
TOTALS		2	6	10	19	20	13	11	10	4	3	4	3	2	9	116	-	11	14	31	24	22	23	18	16	17	15	5	7	16	219

MENTAL SUBNORMALITY

This section now wears a new look, although the statistical tables as returned to the Ministry of Health will, on this occasion, contain headings such as "subject to be dealt with" and "placed under statutory supervision". Next year they will disappear.

The Board of Control, whose abolition by the Mental Health Act is not universally approved, was concerned with lunacy and mental defect, to use convenient but out-moded terms. Local Health Authorities only began to be concerned with the former in 1948, the Boards of Guardians being responsible until 1929 and the Social Welfare Departments thereafter. Mental defect, however, had been a local authority responsibility since the Act of 1913 so it is in this field that our associations with the Board of Control were closest. The Commissioners were part legal and part medical. At first acquaintance their respect for legal niceties and its consequential restrictions on what were considered to be actions in a patient's best interest, often irritated those with a purely medical training; but it became apparent that behind this there was a humane and liberal understanding of the needs of the mentally subnormal. In recent years especially, the Board's Medical Commissioners have been a constant help to medical officers of health, as witness the ovation afforded to Dr. Isabel Wilson on her appearance, on the eve of her retirement, at the Congress of the Royal Society of Health.

The speed with which changes were made, even in advance of the Act, which surprised many of us, was eloquent testimony of the firm intention at the centre to garner the fruits of progress as quickly as possible. As usual, fears have proved liars. There has been no wholesale exodus from mental subnormality hospitals perhaps because of the conditioning inseparable from any prolonged institutionalisation. Of 14 males discharged from "Order" 8 remained as "informal" patients and 1 died, and 9 women remained as "informal" patients, 26 being discharged from order. Whether in the future we shall regret our inability to secure the detention of the subnormal after the age of 25 remains to be seen.

Locally, the year was memorable for the opening of the Junior Training Centre on Saturday, 30th April, 1960. This work was begun in St. James's Church Hall, Elmsleigh Drive in 1954 and was successful from the very start. The quest for a permanent home occupied a long time but eventually the Committee was able to purchase, for £4,200, Glenhurst Cottage in Southchurch Road, built by a non-conformist minister, The Reverend Noel Lambert, and latterly occupied by a general medical practitioner. This property had many advantages; near the centre of the Borough it was at once accessible and private. The grounds were delightful and the whole site snug and friendly.

The brief to the architect was that the existing house should be adapted to provide the dining room, kitchen and administrative quarters for the centre and that the classrooms, etc. should be added. The centre was planned by Mr. D. Francis Lumley, A.R.I.B.A., in association with Mr. P.F. Burridge, F.R.I.B.A., the Council's Architect. It suffices to say it has greatly pleased the Committee, the parents of the children who attend, and the staff who work there. In the main it has justified the high hopes and enthusiasm of those who "dreamed it up", and we believe that our architectural colleagues have set new standards for this kind of building. One of its indirect consequences has been an immense improvement in the morale of the parents, who, for a long time, had come to look upon their children and themselves as "forgotten people".

The accommodation provided is as follows:-

Entrance Hall
Assembly Hall/Classroom
Work room/Classroom
Two Classrooms
Small work room
Supervisor's room
Staff room
Dining Room
Kitchen

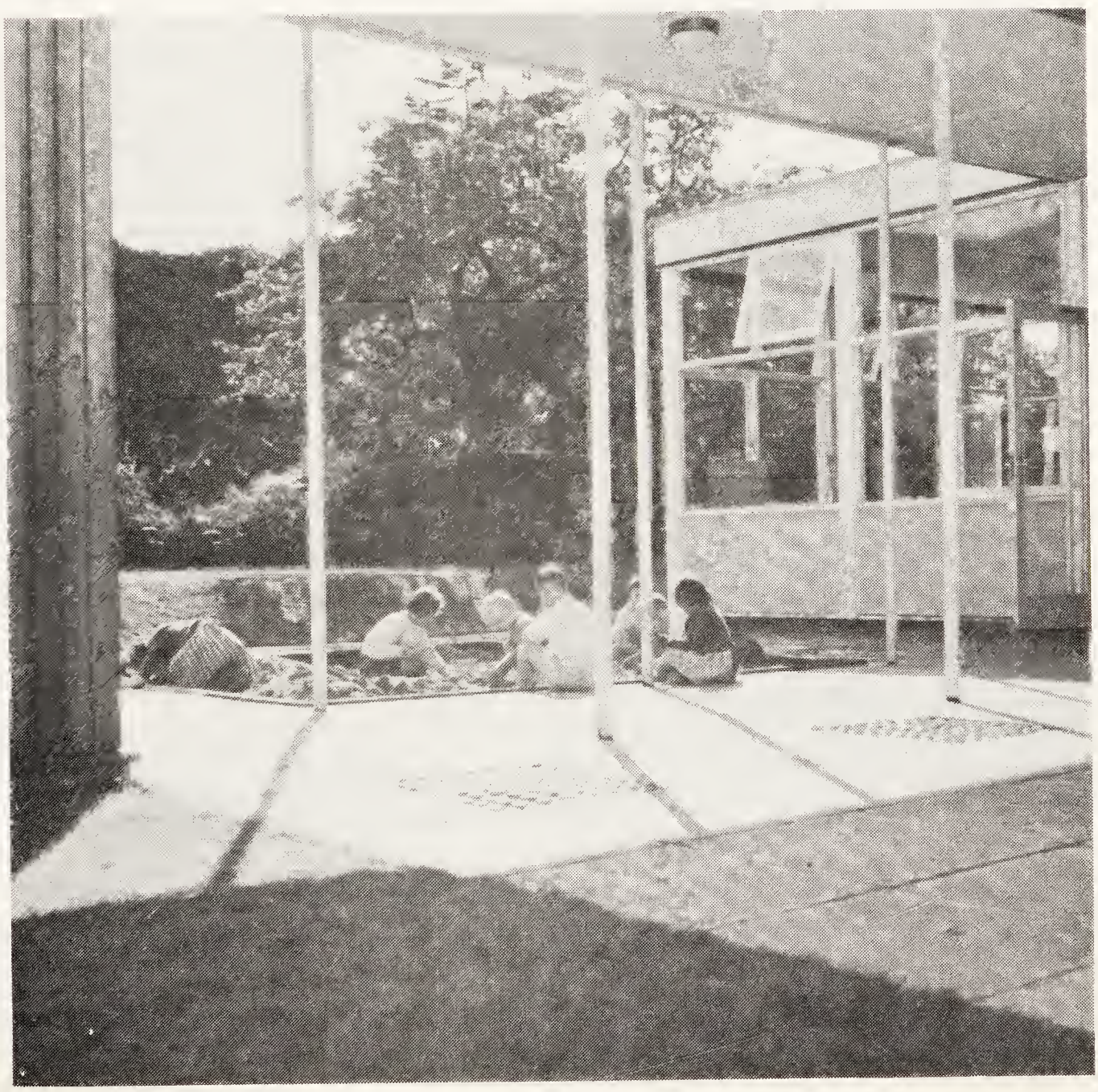
Cost:	£	s.	d.
Original Contract	20,553		
Additional contract for retaining wall	1,285		
Equipment	2,478	16	9
Lay-out of grounds	526	5	0
	24,843.	1	9

The staffing of these centres is difficult. Those who work in them are designated "teachers of the mentally handicapped". They do teach, but they are not remunerated on anything like the same scale as the ordinary school teacher. The Committee's staff policy, which involves a period of trial employment and then secondment on full salary for a year's whole-time training, has been very successful. In September, Miss Newman began whole-time training and Mrs. Kirby entered upon the second of her two years' period of in-service training. Mrs. Skeet, a qualified teacher, was recruited to the staff, but nevertheless the provision of these facilities for the staff has compelled Miss Hodgson, the supervisor, to continue teaching one class, in addition to her duties as supervisor. This necessity, which would be deplored as a long term policy in any school, is equally to be regretted in this instance.

JUNIOR TRAINING CENTRE



CLASS ROOM AND ASSEMBLY HALL



PAVED FORECOURT LOOKING TOWARDS GARDEN

1. *Particulars of cases reported 1.1.60 to 31.10.60.*

	Under Age 16		Aged 16 and Over	
	M	F	M	F
(a) Cases ascertained "subject to be dealt with":-				
Number in which action taken on reports by:-				
(1) Local Education Authorities on children:-				
(i) While at school or liable to attend school	1	2	-	-
(ii) On leaving special schools	-	-	1	1
(2) Other sources	2	1	1	1
(b) Cases reported, but not "subject to be dealt with" on any ground	4	2	1	5
(c) Cases reported who were not regarded as mentally subnormal	-	-	-	3
(d) Cases reported in which action was incomplete at 31.10.61.	1	-	-	1
TOTAL:	8	5	3	11

2. *Disposal of cases reported 1.1.60 to 31.10.60.*

	Under Age 16		Aged 16 and Over	
	M	F	M	F
(a) Of the cases ascertained "subject to be dealt with":-				
(i) Placed under Statutory Supervision	1	3	2	2
(ii) Admitted to Hospitals	1	-	-	-
(b) Of the cases not ascertained "subject to be dealt with":-				
(i) Placed under Voluntary Supervision	4	2	1	5
(ii) Action unnecessary	-	-	-	-
(c) Cases reported at 1(a) or (b) above who removed from the area or died before disposal was arranged.	1	-	-	-
TOTAL:	7	5	3	7

3. *Number of mentally sub-normal persons for whom care was arranged by the local health authority under Circular 5/52 during 1960 and admitted to:-*

	Under Age 16		Aged 16 and Over	
	M	F	M	F
(a) National Health Service Hospitals	-	1	1	2
(b) Elsewhere	-	-	2	2
TOTAL:	-	1	3	4

4. *Total cases on Authority's Register at 31.10.60.*

	Under Age 16		Aged 16 and Over	
	M	F	M	F
(i) Under Statutory Supervision				
(a) Living in the Community	18	20	55	56
(b) In Residential Accommodation	-	-	-	3
(ii) Under guardianship	-	-	-	-
(iii) In Hospitals				
(a) Institutions (under Order)	2	3	27	7
(b) Institutions (on informal basis)	18	6	50	67
(c) On licence from Institutions	-	-	2	3
(d) In Approved Homes	-	-	2	-
(iv) Under Voluntary Supervision	14	15	45	63
TOTAL:	52	44	181	199

5. *Distribution of Patients receiving Institutional Care at 31.10.60. (excluding those on licence)*

	Under age 16		Aged 16 and Over	
	M	F	M	F
Royal Eastern Counties Hospital	2	-	37	21
South Ockendon Institution and branches	17	9	29	41
Royal Earlswood Institution	-	-	4	2
Leybourne Grange Colony	-	-	1	-
Hortham Hospital	-	-	1	2
Princess Christian's Farm Colony	-	-	1	2
St.Mary's, Alton	-	-	-	1
Harmston Hall	-	-	1	-
St. Theresa's	-	-	-	2
Royal Western Counties Institution	-	-	1	-
St.Raphael's	-	-	1	-
Little Plumstead Hall	1	-	-	1
Darenth Park	-	-	-	1
Hamilton Lodge Approved Home	-	-	2	-
Connaught House	-	-	-	1
Other residential accommodation	-	-	1	2
TOTAL:	20	9	79	76
Total number of mentally sub-normal persons under community care on 31.10.60.	32	35	102	122
TOTAL:	52	44	181	198

6. *Classification of mentally subnormal persons in the community on 31.10.60 (according to need at that date)*

	Under Age 16		Aged 16 and Over	
	M	F	M	F
(a) Cases in need of hospital care:-				
(1) In urgent need of hospital care:-				
(i) "cot and chair" cases	1	-	-	-
(ii) ambulant low grade cases	-	-	-	-
(2) Not in urgent need of hospital care:-				
(i) "cot and chair" cases	-	-	1	2
(ii) medium grade cases	-	3	-	-
TOTAL of 6(a)	1	3	1	2
(b) Cases considered suitable for:-				
(i) junior training centre	20	20	14	28
(ii) industrial centre	-	-	9	15
(iii) home training	-	-	-	-
TOTAL of 6(b)	20	20	23	43
(c) Of the cases included in 6(b), number receiving training on 31.10.60.				
(i) in junior training centre	18	20	2	5
(ii) in industrial centre	-	-	-	-
TOTAL of 6(c)	18	20	2	5

7. *Work for other Authorities*

	Under Age 16		Aged 16 and Over	
	M	F	M	F
Guardianship Cases supervised on behalf of other Authorities during the year	-	-	-	2
Licence Cases from other Authorities	-	-	3	2

8. Number of Home Visits paid by the Mental Health Officer during the year — 1352

Journeys with patients to or from homes or institutions — 23

INFECTIOUS DISEASES

Notifications

Scarlet Fever	261
Whooping Cough	318
Poliomyelitis	1
Measles	243
Pneumonia	78
Dysentery	112
Typhoid	1
Erysipelas	31
Meningococcal Infection	2
Food Poisoning	23
Puerperal Pyrexia	7
Ophthalmia Neonatorum	2
Infective Hepatitis	91
	1,170

SCARLET FEVER

Of the 261 notifications received, 150 came in the first quarter of the year and were clearly associated with the high prevalence of the disease in the third and fourth quarters of 1959 when the notifications totalled 160 and 115 respectively. The disease was of the mild type common in recent years and was generally without complications.

WHOOPING COUGH

The successive quarterly totals were 31, 78, 144 and 65 respectively making a total of 318 in all.

MEASLES

This was a non-epidemic year, only 243 notifications being received.

DIPHTHERIA

No notification of this disease has been received since 1951.

PNEUMONIA

Notifications totalled 78, the quarterly incidence being 39, 12, 14 and 13 respectively. The age and sex classification of the patients was as given below:-

	0-1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	NK	Total
Males	4	1	6	2	1	4	8	3	9	-	38
Females	-	5	2	-	1	8	2	5	16	1	40

DYSENTERY

The notification of dysentery is notoriously unequal: in some practices it seems to occur with comparative frequency and in others it is hardly ever encountered. It is probable that only in institutional and other closely observed outbreaks is the true incidence ever established.

Of the 112 notifications received in the year 16 related to residents in No.27 Military Families Hostel; 13 of the cases occurring in January formed part of a small outbreak.

The Children's Committee nursery at Tower House provided another 21 cases, of whom 5 were members of the staff.

In retrospect it seems most likely that the infection was introduced by T.B., a child who earlier in the year had been admitted to the Westcliff Hospital suffering from Sonne dysentery. He and two others produced loose stools on the evening of April 6th and specimens from all were positive for shigella sonnei.

The three children affected were immediately admitted to hospital and swabs taken from the child and staff contacts. All infected children were admitted to hospital and sent back to the nursery when three negative stool specimens had been reported. In the nursery on their return they were segregated until another three negative specimens had been obtained and if, during this period of surveillance, they reverted to the positive state, were promptly readmitted to hospital.

Members of the staff affected were treated in their own homes and some proved quite difficult to clear bacteriologically.

Although T.B. was returned to the nursery with satisfactory reports, his advent on two occasions was followed shortly by recrudescence of symptoms in some of his contacts and it was not until he was returned direct to his home that the trouble finally stopped.

During this outbreak there were 7 infants in the nursery cared for by staff who did not handle the other children. All these infants escaped infection, a tribute to the organisation and discipline which obtained. Sonne dysentery is highly communicable, and once it is established in a residential group of small children, can be most difficult to eradicate. We were fortunate in having adequate hospital accommodation available and the resources of the local public health laboratory service.

MENINGOCOCCAL MENINGITIS

Particulars of two notifications received are as follows:-

1. Female aged 1¾ years. Admitted to Hospital 28.2.60.
2. Female aged 68 years. Admitted to Hospital 8.12.60.

FOOD POISONING

There were no noteworthy outbreaks. The position as reported to the Ministry of Health is summarised below:-

Outbreaks due to identified agents (cl.welchii)	= 1	Total cases =	5
Outbreaks of undiscovered cause	= 4	Total cases =	6
Single cases due to identified agents (Salmonella Typhimurium)		=	2
Single cases of undiscovered cause		=	10

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter		
No. of "corrected" notifications	11	4	3	5	=	23

POLIOMYELITIS

One notification was received. The patient, a boy of 10, became ill on May 17th and was admitted to hospital four days later, with the paralytic form of the disease. The child had not been vaccinated against poliomyelitis and the virus investigations were negative.

OTHER SUSPECTED INFECTIONS OF THE CENTRAL NERVOUS SYSTEM

Through the courtesy of Dr.Crosswell, Physician Superintendent, Westcliff Infectious Diseases Hospital and Dr.Rycroft of the Public Health Laboratory Service, it is possible to record details of other suspected infections of the central nervous system which occurred.

Male, born 1920. Admitted 8.3.60

C.S.F.36 cells per c.mm. Lymphocytes only. Protein 48 mg.% Sugar 72 mg.%
Faeces - negative
Serology - negative
Diagnosis: Viral Meningitis

Male, born 1937. Admitted 26.4.60

C.S.F.76 cells per c.mm. 100% lymphocytes
Faeces - no virus
Diagnosis: Lymphocytic Meningitis

Male, born 1954. Onset 11.6.60. Admitted 21.6.60

C.S.F.300 cells per c.mm.86% lymphocytes. Protein 42 mg.% Sugar 56 mg.%
Faeces - no virus
Serology - negative
Diagnosis: Probably Cocksackie infection.

Male, born 1938. Admitted 7.7.60

C.S.F. 35 cells per c.mm. 75% lymphocytes.Protein 23 mg.% Sugar 67 mg.%
Faeces - negative
Serology - negative
Diagnosis: Viral Meningitis

Female,born 1943. Admitted 30.7.60

C.S.F. 10 cells per c.mm. Lymphocytes only.Protein 20 mg.% Sugar 58 mg.%
Faeces - negative
Serology - negative
Diagnosis: ? Cocksackie Viral Meningitis

Female,born 1943. Admitted 30.7.60

C.S.F. 30 cells per c.mm. 61% lymphocytes.Protein 28 mg.% Sugar 68 mg.%
Faeces - negative
Serology - negative
Diagnosis: Probably Cocksackie Viral Meningitis

Female, born 1920. Admitted 21.8.60

C.S.F. 552 per c.mm. 99% lymphocytes. Protein 100 mg.% Sugar 58 mg.%
Faeces - Cocksackie B.5 virus

Male, born 1953. Admitted 24.8.60

C.S.F.264 cells per c.mm. 70% lymphocytes.Protein 56 mg.% Sugar 50 mg.%
Faeces - negative
Serology - negative
Diagnosis: Lymphocytic Meningitis

Female,born 1883. Admitted 24.8.60

C.S.F.48 cells per c.mm.95% lymphocytes. Protein 46 mg.% Sugar 74 mg.%
Faeces - negative
Serology - negative
Diagnosis: Viral Meningitis

Male, born 1953. Admitted 5.9.60

C.S.F. 168 cells per c.mm. 66% lymphocytes
Faeces - Cocksackie B.5 virus

INFECTIVE HEPATITIS

The 91 notifications of this disease relate to the following four-week periods:-

Cases (four-week periods)

6	5	6	3	5	4	-	2	2	5	9	24	20	= 91

Age Groups

0-	5-	10-	15-		
9	29	19	34	=	91
9.9%	31.8%	20.9%	37.4%		

Multiple cases in families occurred as under:-

5 familes had 2 cases
2 families had 3 cases
1 family had 5 cases

In addition a child who was looked after by the mother of one of the 5 families with two cases, also developed the disease.

The No.27, Military Families Hostel provided 25 cases, 7 occurring between the end of January and the second week of March and 11 between the beginning of September and the end of November.

One death occurred from infective hepatitis, a male aged 68.

TUBERCULOSIS

Much of the detail for this section has been kindly provided by Dr. E.G. Sita-Lumsden, Consultant Physician for Tuberculosis, and the staff of the Lancaster House Chest Clinic.

Notifications

(a) Respiratory

The total of notifications, that is primary notifications of Southend residents together with the notifications of those coming to live in the town **after** their condition has been diagnosed, was 119 compared with 164 and 138 in the two previous years. It is the number of residents who contract the disease which indicates what success we are achieving in control of the disease and this fell from 80 to 69, male notifications declining by 11 to 40.

(b) Non-Respiratory

There were 7 notifications of non-respiratory disease; last year the total was 17. It is satisfactory to know that these all related to patients over the age of 35 whose primary infections most likely occurred many years earlier.

Deaths

Deaths from respiratory disease totalled 10, 6 male and 4 female; there were also 2 female deaths from non-respiratory disease.

The following details relate to deaths from tuberculosis:

Respiratory

Male	aged 37	First notified 1946.
"	aged 59	Notified 1960, one month before death. This patient had attended another Chest Clinic three years earlier and it seems likely that he had been suffering from untreated disease ever since.
"	aged 64	First notified 1955. Came to Southend 1958.
"	aged 64	Seen in March 1959 suffering from bronchiectasis. Notified one month before death.
"	aged 66	Notified 1949.
"	aged 68	Notified 1943. Came to Southend 1954.
Female	aged 60	Notified 1948. Came to Southend 1955.
"	aged 63	Notified 1955. Southend resident.
"	aged 75	Notified 1958. Southend resident.
"	aged 75	This patient's death was attributed by the Registrar General to pulmonary tuberculosis. At post mortem there was no evidence of active tuberculous infection. The immediate cause of death was broncho-pneumonia. This case was not notified.

Non-Respiratory

Female	aged 20	Cause of death tuberculous meningitis. Patient was thought to have had a subarachnoid haemorrhage and the real nature of her illness was only ascertained at autopsy.
"	aged 33	First notified 1945. Came to Southend in 1952. Cause of death renal failure, patient having undergone nephrectomy for tuberculosis of the kidney in 1953.

The following table shows the mortality from the commoner respiratory conditions.

	Males	*Females*	*Total*
Respiratory Cancer	88	17	105
Pneumonia	50	61	111
Bronchitis	66	23	89
Other respiratory diseases	11	10	21
Respiratory Tuberculosis	6	4	10

Mass Miniature Radiography

There was no routine visit from the Unit during the year.

NOTIFICATIONS AND DEATHS

Age Group	Males								Females							
	Respiratory				Non-Respiratory				Respiratory				Non-Respiratory			
	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths
0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5	2	-	2	-	-	-	-	-	2	-	2	-	-	-	-	-
15	7	4	11	-	-	2	2	-	13	4	17	-	-	-	-	1
25	3	7	10	-	-	-	-	-	6	11	17	-	-	-	-	1
35	5	6	11	1	1	-	1	-	1	5	6	-	1	1	2	-
45	4	3	7	-	-	-	-	-	3	2	5	-	1	-	1	-
55	10	4	14	3	2	-	2	-	2	3	5	2	2	-	2	-
65	2	-	2	2	-	-	-	-	1	1	2	1	-	-	-	-
75 and over	7	-	7	-	-	-	-	-	1	-	1	1	-	-	-	-
Totals	40	24	64	6	3	2	5	-	29	26	55	4	4	1	5	2

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS

Classified According to Age Groups

Age Group	1954		1955		1956		1957		1958		1959		1960	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-	-	-	1	-	-	-
1	-	-	1	3	2	2	-	-	1	5	1	7	-	-
5	7	2	3	4	8	3	3	1	2	4	3	4	2	2
15	11	25	12	17	21	14	13	15	11	19	21	23	11	17
25	21	18	12	27	19	19	18	19	16	11	18	15	10	17
35	11	13	10	9	17	14	18	16	10	12	10	8	11	6
45	11	2	9	7	16	7	11	8	17	2	15	3	7	5
55	8	5	13	4	12	-	17	2	12	4	15	3	14	5
65	7	1	6	1	7	3	7	7	9	3	15	2	9	3
Totals	76	66	66	72	102	62	87	68	78	60	99	65	64	55
	142		138		164		155		138		164		119	

PERCENTAGE OF NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS RECEIVED IN EACH AGE GROUP

Age Group	MALES							FEMALES						
	1954	1955	1956	1957	1958	1959	1960	1954	1955	1956	1957	1958	1959	1960
0	-	-	-	-	-	1.0	-	-	-	-	-	-	-	-
1	-	1.6	1.9	-	1.3	1.0	-	-	4.2	3.2	-	8.3	10.8	-
5	9.2	4.8	7.8	3.4	2.6	3.0	3.1	3.0	5.5	4.8	1.5	6.7	6.1	3.6
15	14.5	18.7	20.6	14.9	14.1	21.2	17.1	37.9	23.6	22.6	22.0	31.7	35.4	30.9
25	27.6	18.7	18.6	20.6	20.5	18.1	15.9	27.3	37.5	30.7	28.0	18.3	23.1	30.9
35	14.5	15.6	16.7	20.6	12.8	10.1	17.1	19.7	12.6	22.6	23.5	20.0	12.3	10.9
45	14.5	12.5	15.7	12.6	21.8	15.2	10.9	3.0	9.7	11.3	11.7	3.3	4.6	9.1
55	10.5	20.3	11.8	19.9	15.4	15.2	21.9	7.6	5.5	-	3.0	6.7	4.6	9.1
65	9.2	7.8	6.9	8.0	11.5	15.2	14.0	1.5	1.4	4.8	10.3	5.0	3.1	5.5

The number of cases of tuberculosis remaining on the notification register on December 31st, was as follows:-

Year	*Respiratory*				*Non-Respiratory*				*Total*				*Grand Totals*
	Adults		*Children*		*Adults*		*Children*		*Adults*		*Children*		
	M	F	M	F	M	F	M	F	M	F	M	F	
1960	389	303	10	27	7	44	10	2	396	347	20	29	792
1959	390	301	10	26	10	46	10	3	400	347	20	29	796
1958	383	304	11	17	12	48	9	3	395	352	20	20	787
1957	386	337	13	15	20	46	10	3	406	383	23	18	830
1956	390	339	18	17	18	48	13	4	408	387	31	21	847
1955	387	347	12	18	17	46	11	8	404	393	23	26	846
1954	407	345	16	20	15	43	11	9	422	388	27	29	866
1953	449	371	19	30	18	39	14	10	467	410	33	40	950
1952	458	394	28	27	19	31	13	8	477	425	41	35	978
1951	435	400	29	35	20	29	11	8	455	429	40	43	967

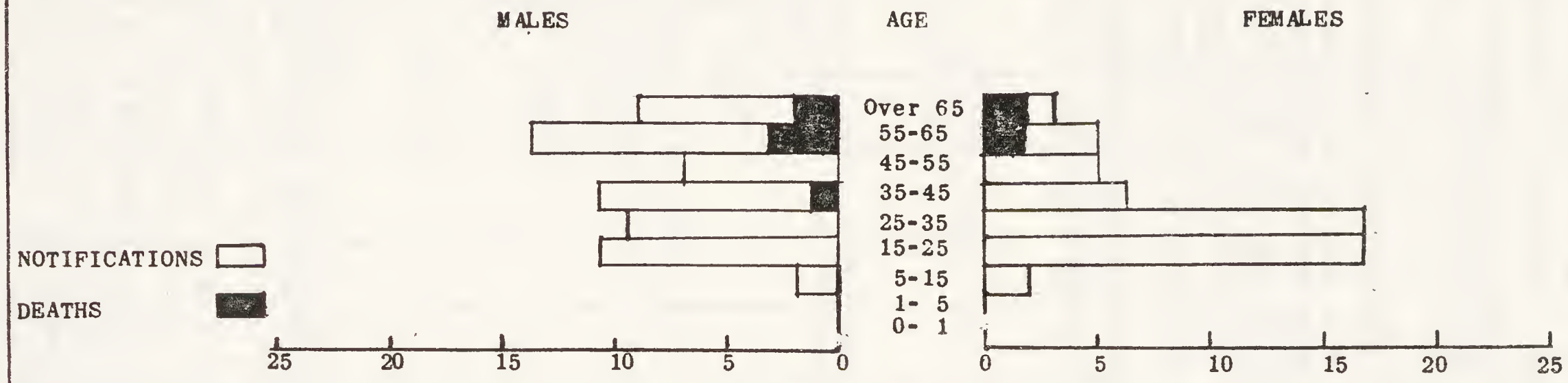
Note:- On the 31st December, 1938, the total number of cases on the register was 550, comprising 471 respiratory cases (236 males, 235 females) and 79 non-respiratory cases (40 males and 39 females).

WORK OF THE CHEST CLINIC 1960

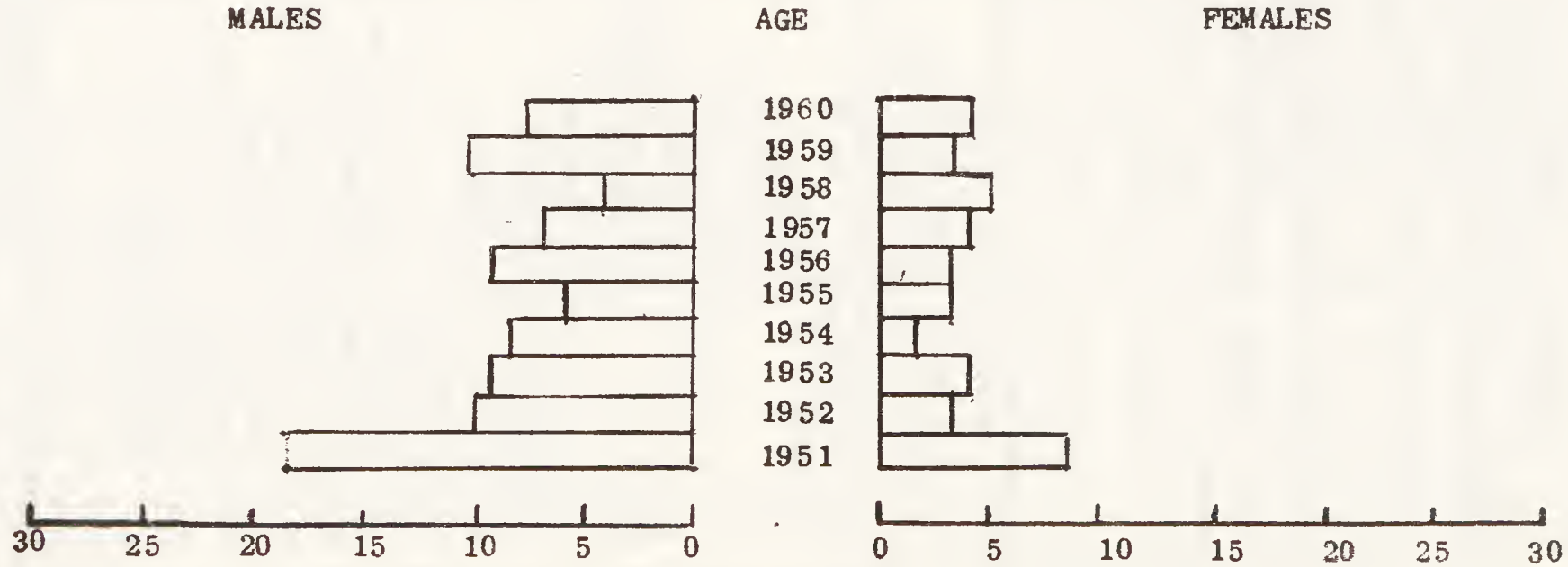
	Respiratory				Non-Respiratory				Totals				Grand Totals
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A. 1. No. of notified cases on clinic register 1.1.60	390	301	10	26	10	46	10	3	400	347	20	29	796
2. Transfers from clinics outside area during year.	24	25	-	1	2	1	-	-	26	26	-	1	53
3. Children transferred to adult register during year	-	1	-	-	-	-	-	-	-	1	-	-	1
B. No. of NEW CASES diagnosed during year:													
1. T.B.negative	11	11	1	1	1	4	-	-	12	15	1	1	29
2. T.B.positive	27	16	1	1	2	-	-	-	29	16	1	1	47
TOTALS OF A AND B ...	452	354	12	29	15	51	10	3	467	405	22	32	926
C. No.of cases in A and B.written off clinic register during the year:													
1. Recovered ...	27	31	2	-	7	5	-	1	34	36	2	1	73
2. Died (all causes) ...	14	3	-	-	1	1	-	-	15	4	-	-	19
3. Removed to other clinic areas ...	20	15	-	1	-	1	-	-	20	16	-	1	37
4. Children transferred to adult register ...	-	-	-	1	-	-	-	-	-	-	-	1	1
5. Other reasons	2	2	-	-	-	-	-	-	2	2	-	-	4
TOTALS OF C ...	63	51	2	2	8	7	-	1	71	58	2	3	134
D. No. of notified cases on clinic register 31.12.60	389	303	10	27	7	44	10	2	396	347	20	29	792
No. of above known to have had positive sputum during year	-	-	-	-	-	-	-	-	48	19	1	1	69
E. (a) No. of persons (excluding transfers) first examined during the year ...	-	-	-	-	-	-	-	-	783	867	159	237	2046
(b) No. of those in (a) who attended as CONTACTS and who were:-													
Diagnosed as tuberculous ...	-	-	-	-	-	-	-	-	-	5	1	1	7
Not tuberculous	-	-	-	-	-	-	-	-	103	360	52	146	661
Not determined (as at 31.12.60)	-	-	-	-	-	-	-	-	-	-	-	-	-

RESPIRATORY TUBERCULOSIS

TOTAL NOTIFICATIONS AND DEATHS BY AGE GROUPS



ANNUAL DEATH RATES PER 100,000



VENEREAL DISEASES

The following statistics have been kindly provided by Dr.H.Croswell. It will be seen that of the so-called 18 "new patients" none was suffering from a recent infection or was treated for congenital disease under the age of 15.

The number of new male patients suffering from gonorrhoea fell by a third to 30, and there was also a small reduction in the number of women treated for this condition. This being in contra-distinction to the general trend in the country may well be occasioned, not by any real fall in the incidence of the infection, but rather from the fact that patients are treated elsewhere.

The number of men treated for non-gonococcal urethritis rose by one-third to 242 and there was an even greater proportionate rise in the number of women patients attending for the treatment of other conditions. These figures afford no satisfaction with our current sexual mores

Number of Patients	Syphilis		Gonorrhoea		Conditions other than venereal		Total	
	M	F	M	F	M	F	M	F
Under treatment on 1.1.60	34	27	27	10	106	77	167	114
Returned after cessation of attendance in previous years	-	1	-	-	6	3	6	4
Dealt with for first time, suffering from:								
(a) Syphilis primary ...	-	-	-	-	-	-	-	-
(b) " secondary ..	-	-	-	-	-	-	-	-
(c) " latent in 1st year of infection	-	-	-	-	-	-	-	-
(d) Syphilis, cardio-vascular	-	-	-	-	-	-	-	-
(e) " of nervous system	-	-	-	-	-	-	-	-
(f) " all other late or latent stages	7	7	-	-	-	-	7	7
(g) Syphilis, congenital (under 15 years) ...	-	-	-	-	-	-	-	-
(h) Syphilis, congenital	2	1	-	-	-	-	2	1
(i) Gonorrhoea ...	-	-	30	17	-	-	30	17
(j) Chancroid ...	-	-	-	-	-	-	-	-
(k) Lymphogranuloma venereum	-	-	-	-	-	-	-	-
(l) Granuloma inguinale	-	-	-	-	-	-	-	-
(m) Non-gonococcal urethritis	-	-	-	-	242	-	242	-
(n) Any other conditions requiring treatment	-	-	-	-	1	66	1	66
(o) Conditions not requiring treatment	-	-	-	-	17	6	17	6
(p) Conditions remaining undiagnosed at 31st December ...	-	-	-	-	-	-	-	-
Dealt with for first time, transferred from other centres	-	1	-	1	-	-	-	2
Total under treatment during 1960	43	37	57	28	372	152	472	217
Discharged after completion of treatment and tests for cure	-	2	4	1	206	40	210	43
Ceased to attend before completion of treatment and/ or observation ...	9	7	23	18	6	4	38	29
Transferred to other Centres	-	-	2	1	4	1	6	2
Under treatment on 31.12.60	34	28	28	8	156	107	218	143

	Clinic Attendances		Intermediate Attendances	
	M	F	M	F
Syphilis	111	419	20	50
Gonorrhoea	220	189	2	58
Other conditions	1,386	605	9	13
	1,717	1,213	31	121

The following are civilian totals for previous years:-

New Patients Suffering from:-	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Syphilis	50	50	58	46	33	13	16	18	11	4	14	14	13	10	18
Gonorrhoea	110	71	58	67	37	44	42	80	42	35	38	36	37	66	47
Total Attendances	5840	4714	3667	5907	5952	5461	4750	4135	2959	3070	2909	2966	3143	2886	3082

CANCER

There were 456 deaths from malignant diseases, the primary sites being as follows:-

	Males	Females
Skin	-	1
Lips, Cheek, Mouth, Tongue, etc.	4	4
Larynx, Bronchus, Lung, Mediastinum	89	19
Oesophagus	11	4
Stomach	30	19
Small Intestine	-	1
Caecum, Colon	6	26
Rectum	10	13
Gall Bladder, Bile Ducts, Liver	4	4
Pancreas	9	6
Kidney, Suprarenal	5	1
Bladder, Urethra	10	5
Prostate	24	-
External Genitalia	1	2
Uterus	-	18
Ovary	-	4
Breast	1	49
Eye	2	2
Brain, Spinal Cord	9	6
Bone	2	1
Thyroid	-	2
Lymph Glands	5	4
Leukaemia	9	6
Miscellaneous or not ascertained	13	15
	244	212

There were 7 deaths from malignant disease in persons under 35 years, the primary sites being as follows:-

Male	18	Leukaemia
"	20	Ewing's Tumour of Rib
"	3	Lymphatic Leukaemia
"	24	Lymphatic Leukaemia
"	28	Carcinoma of oesophagus
Female	29	Cerebral Tumour
"	5 months	Mediastinal Tumour

PUBLIC HEALTH (AIRCRAFT) REGULATIONS, 1952 and 1954
ALIENS ORDER, 1953

The following Table of Customs movements of aircraft and passengers is reproduced by courtesy of the Airport Commandant:-

	Aircraft Movements		*Passengers*	
	In	*Out*	*In*	*Out*
January	562	552	2688	2418
February	830	817	2341	2270
March	895	896	4461	4100
April	1698	1739	15119	15625
May	1919	1893	12020	16060
June	2450	2449	24263	27671
July	2999	3019	37119	45983
August	2935	2936	45496	43244
September	2255	2239	30590	21621
October	1009	1013	8465	5506
November	625	617	2636	2276
December	668	672	4407	4783
	18,845	18,842	189,605	191,557

These figures do not include internal flights within the United Kingdom; the rapid increase in international traffic at the airport is shown by the following table of customs movements in the last six years:-

Year	*Aircraft*	*Passengers*
1955	7,456	43,385
1956	10,487	73,822
1957	14,015	136,748
1958	16,471	179,351
1959	26,215	217,389
1960	37,687	381,162

Reference was made last year to the increasing number of calls for medical inspection of aliens, which was met by the appointment of a panel of general practitioners remunerated by the Council in accordance with an agreed scale of fees.

The responsibilities of the medical officer of health are limited to the operation of health control and the medical inspection of aliens. The majority of calls for medical assistance at the airport, however, are not concerned with either of these functions but relate to sick or injured passengers arriving from abroad, intending passengers whose fitness to fly may in doubt, and medical emergencies arising among passengers in transit or the large number of persons now employed at the airport.

The Airport Committee therefore gave consideration to an extension of the arrangements adopted for the medical inspection of aliens, whereby a rota should be formed of general practitioners willing to accept calls to the airport, in respect of which they would be remunerated in accordance with an agreed scale of fees paid by the Council as operators of the airport, or in certain circumstances by the airline companies using the airport. This

scheme was still under discussion at the end of the year, but has been brought into operation during 1961.

There has been a parallel increase in the amount of freight traffic at the airport, and reference is made in the section on the work of the Chief Public Health Inspector to the amount of foodstuffs imported under the Public Health (Imported Food) Regulations

LOCAL GOVERNMENT SUPERANNUATION ACTS 1937 - 1953
SICK PAY REGULATIONS

The following table shows the number of medical reports furnished to the various departments of the Corporation during the year:-

Airport	67
Architect's	14
Cemeteries	6
Children's	20
Cleansing	124
Education	169
Candidates for Teacher's Training Colleges	80
Entertainments	1
Engineer's	131
Fire	19
Housing	1
Justices' Clerk's	5
Libraries	29
Parks	68
Pier and Foreshore	32
Police	13
Public Health	64
Town Clerk's	12
Transport	132
Treasurer's	14
Weights and Measures	1
Other Local Authorities	2
	1,004

CREMATORIUM

During the year, 1,762 cremations were carried out at the Southend-on-Sea Crematorium, to which the medical officer of health and his deputy act as medical referees.

CHILDREN IN NEED

Joint Circular of July 31st 1950
Ministry of Health Circular 27/54 "Prevention of Break-up of Families".

The work of this Conference has shown very little change, although our meetings have been as helpful as ever.

During the year, 47 families were considered by the Conference, 72 agenda items being dealt with.

NURSERIES AND CHILD MINDERS (REGULATION) ACT, 1948

Arrangements under this Act were fully described and discussed in the Annual Report 1950, pp 81 and 82. No serious contraventions

were found during the year, and conditions were generally reported to be satisfactory.

The national concern about reports of accidents caused by the faulty operation of oil-burning space heaters led the department to seek the help and advice of the Chief Fire Officer, who not only drew up a code of instructions which is reproduced below but inspected all premises registered under this Act and the appliances in use therein.

No one is now allowed to receive children pursuant to this Act unless any oil-burning space heater in use has been inspected, and child minders are required to make a declaration that they will not, in future, bring such an appliance into use save with the permission of the medical officer of health.

These arrangements have worked smoothly and the opportunity is gratefully taken to acknowledge the great help we have received from the Chief Fire Officer and his staff.

SAFETY REQUIREMENTS TO BE COMPLIED WITH BY REGISTERED CHILD MINDERS IN THE USE OF KEROSENE (PARAFFIN) OIL HEATERS FOR SPACE HEATING

1. Where paraffin oil heaters are already in use for space heating the Medical Officer of Health must be informed.
2. Where it is proposed to instal an oil heater for space heating, the approval of the Medical Officer of Health must first be obtained. Only heaters which comply with British Standard Specification No.3300 of 1960 will be approved.
3. Where it is proposed to replace an existing oil heater previously approved by the Medical Officer of Health the replacement heater must be of a type which complies with the above specification.
4. Before lighting the oil heater the paraffin container should be examined for leakage if of metal construction or for flaws if of the glass bottle type.
5. At the same time as examining the paraffin container the level of paraffin should be checked to ensure that it has not been overfilled or that the quantity is so low that it will be necessary to refill the container a short time after lighting the heater. In the latter case, the container should be topped up before first lighting the heater.
6. Care must be exercised in positioning of oil heaters, e.g.,
   (a) They must not be so placed that they form an obstruction and accordingly are liable to be knocked or overturned.
   (b) They must not be placed in a draught. If one is positioned in an existing hearth, the fireplace opening must be blocked up with incombustible material.
   (c) They must be placed on a solid base, and stand level at all times.
7. In addition to the guard fitted to a heater by the manufacturers, a normal type stout fire guard should

also be provided. This guard should be rigidly fixed in position, be of sufficient robust structure that it will not collapse if a child stumbled on to it, and furthermore be so sited that if a child pressed up against it, his or her clothing would not be readily ignited by radiated heat from the oil heater.

8. If it is found necessary to move the heater once it is alight, it must first be turned off and the heating flame allowed to die out before attempting to move it. The precautions set out in 6 and 7 above must be adhered to when the heater is rekindled in its new position.

9. If after prolonged use the paraffin container requires refilling, the heater must be turned off and the flame allowed to die out before attempting to remove the oil container. Should oil be spilled over the container whilst refilling, it must be wiped off before replacing the container. Where practicable, the container should be refilled outside the premises.

10. Only the grade of oil recommended by the manufacturers should be used with the heater, and on no account must petrol or other spirit be used as a temporary medium whilst awaiting replenishing of reserve paraffin oil stock.

11. Stocks of paraffin held for oil heaters should be kept in securely stoppered containers which, if possible, should not be stored inside the premises.

12. Clothing, household linen, etc. must not be suspended over or placed around an oil heater for either drying or airing.

13. All oil heaters must be regularly cleaned, wicks trimmed where appropriate and maintained in good order at all times in accordance with the manufacturer's instructions.

Registration of Premises (Section 1 (1) (a)).

Registrations in force January 1st 1960	...	5
Registrations in force December 31st 1960	...	6
Applications not proceeded with	...	1
Total number of children "permitted"	...	110
No. who ceased attendance at registered premises		87
No. who commenced attendance at registered premises		197
Children under supervision during year	...	284
Total visits of inspection	...	30

Registration of Persons (Section 1 (1) (b)).

Registrations in force January 1st 1960	...	31
Registrations made during year	...	19
Registrations cancelled by consent	...	17
Registrations in force December 31st 1960	...	33
Applications not proceeded with	...	9
Applications not granted	...	2
No. of children "permitted"	...	243
No. of children "placed" with minders	...	280
No. of children "withdrawn" from minders	...	192
Total children under supervision during year	...	472
Total visits of inspection	...	266

NURSING HOMES

During the year the Highview Nursing Home, 21 Victor Drive, Leigh-on-Sea, ceased business; the registrations of 39 Imperial Avenue, 13 Cobham Road and 122 Crowstone Road were amended to permit of increases of 2, 1 and 3 patients respectively with the result that the number of beds other than maternity beds was reduced by 2 to 110.

The table shows that 26 Western Road remained registered for 2 maternity patients whereas in fact the business was transferred towards the end of the year to more commanding premises at Salisbury Road. The reason for the delay in changing the registration was the desire that all the structural alterations required by the Committee should be completed before issuing a certificate of registration. The home accommodates 9 patients and its operation is satisfactory.

Homes of Register at end of year		*No. of beds provided for*		
		Maternity	*Other*	*Total*
45, The Broadway, Thorpe Bay	*Broadway*	-	6	6
41, Crowstone Road	*Craigowan*	-	6	6
39, Imperial Avenue	*Langley*	-	9	9
174, Kings Road,	*Leigh*	-	11	11
98, Crowstone Road	*Lodge*	-	20	20
77, Wimborne Road	*Oak House*	-	18	18
407, Westborough Road	*Two Ways*	-	7	7
26, Western Road	*Western Road*	2	-	2
278, Southbourne Grove	*Wincilla*	-	4	4
13, Cobham Road	*Aylward*	-	12	12
122, Crowstone Road	*Trenow House*	-	17	17
		2	110	112

No. of inspections made during year: 10

CIRCULAR 3/59 - CHILD GUIDANCE

Ministry of Education Circular 3/59 was commended to Regional Hospital Boards and Hospital Management Committees by the Ministry of Health. At the same time local health authorities were reminded that

> "a particular useful way in which co-operation can take place is for the child psychiatrist and possibly other members of the child guidance team to give guidance to the medical and nursing staffs of the child welfare clinics on problems such as emotional development and on the recognition of early behaviour difficulties which the staff may encounter in their regular contact with mothers and young children."

That a child's future happiness and usefulness largely depend on his satisfactory emotional development is widely understood throughout the child health services and indeed by a not insubstantial minority of parents.

The health visitors greatly desire to extend their knowledge and understanding of these matters so that, in turn, they can do for mental health what has already been accomplished for physical health. They would welcome systematic enlightenment and training in this field but the resources of the child guidance clinic are already severely strained by the large number of cases referred from a variety of sources.

The consultant psychiatrist now has four sessions each week in which to attempt to cope not only with the work that arises within the area of the County Borough, but also to provide for the needs of some patients in the surrounding districts. Such a case load prevents the entry of the health visitors into this field to the extent which is desired and desirable. In general, it can be said that a great opportunity for prevention still awaits the means to seize it.

It was not by accident that the Children's Department and the Child Guidance Clinic were housed in the same administrative building and no doubt the Children's Officer would be the first to express her obligation for help in dealing with complicated and difficult problems.

The modern parent is in serious need of teaching and reassurance. The old dogmatisms about the rearing of children and the comforting assumption that parents are always right have been badly shaken and today many children lack the sense of security given by a parent who has no doubts about his own wisdom.

The interest of members of the Young Wives Organisations in these matters is apparent and, with suitable resources, there is an almost limitless field for the provision of sound teaching.

HEALTH EDUCATION

Teaching is inseparable from most of our activities. Attention is elsewhere drawn to the teaching of mothercraft in secondary modern schools, to the systematic instruction of the expectant mother and to talks given to young wives' organisations who also receive copies of Better Health for their members.

The Public Health Inspector becomes less of an enforcement officer and more of a teacher each year. Special attention is paid to food trade employees by the hygiene assistant.

When the Medical Research Council's statement on lung cancer was published the head teachers of secondary schools were invited to discuss the statement and the best means of drawing attention to its conclusions. Following this, copies of the statement were made available for each pupil in schools where the head teacher desired to issue them and use them as a basis for discussion and comment.

LIAISON ARRANGEMENTS WITH HOSPITALS - L.A.H.L.2/59.

Liaison with the hospitals has been a main objective in the development of your health services. Your medical officer of health has been a member of the Southend Group Hospital Management Committee since its inception and chairman of the Medical Advisory Committee of Runwell Hospital for some years. His deputy is a valued member of the South Ockendon Group Hospital Management Committee and has been a clinical assistant to Dr. R.H. Dobbs in the paediatric department for many years. The ante-natal clinics are staffed by the Maternity Unit personnel and the supervision of the expectant mother rests with a unified service.

Interchange of information and requests for assistance are

dealt with at Ward Sister/Health Visitor/Midwifery Superintendent level, and considerable assistance with the economical deployment of transport is forthcoming from the hospital out-patient department. The Home Nursing service prepares patients in their own homes for procedures which would otherwise necessitate hospital admission, and assumes responsibility for continuing treatment in the event of early discharge. Increasingly the domiciliary midwives undertake the home care of patients who are sent home from hospital in the early days of their lying-in. No special steps have been taken regarding child patients.

PUBLIC HEALTH ACT, 1936. WATER SUPPLY

There is hardly a house in the area which lacks a piped supply of water and the number of those served by stand pipes is very low indeed.

In July the Shoeburyness Waterworks were taken over from the Council by the Southend Waterworks Company so that one undertaker is now responsible for the supply throughout the area. This is derived partly from wells but mainly from river water abstracted from the Essex rivers, stored largely at Hanningfield and processed at Langford.

The supply, which is under constant bacteriological and chemical surveillance, is uniformly of a high quality and adequate to the present needs of the area.

PUBLIC SWIMMING BATHS

This subject was fully dealt with in the Annual Report for 1959, pages 80 and 81. The arrangements described continued unaltered during the year.

SEWERAGE.

All drainage arrangements are reasonably adequate and practically all sewage undergoes treatment before the effluent is passed into tidal waters.

SANITARY CIRCUMSTANCES OF THE AREA

Mr. R.A. Drake, B.E.M., F.R.S.H., Chief Public Health Inspector, reports as follows:-

I submit herewith a report on the Public Health Inspectors' section of the Department, for the year 1960.

COMPLAINTS

The following table shows the complaints received during the year:-

General housing defects	1173
Defective drainage systems	149
Blocked drainage systems	338
Overcrowded and unsatisfactory housing conditions	108
Deposit of refuse on vacant land and back passages	128
Insect pests	98
Absence of, or defective, dustbins	137
Food and food premises	132
Sanitary conveniences	15
Dirty condition of houses or rooms	66
Factories and workshops	20
Animals improperly kept	20
Fly nuisance	15
Water supply	15
Caravans	6
Noise	4
Miscellaneous	345
	2769

This total of 2769 represents a decrease of 1553 and is accounted for almost entirely by the falling off in the first four items, all of which relate to housing. Three factors probably contributed to this reduction. First and foremost the housing survey of all properties built before 1925, as a consequence of which many matters were remedied without complaint by the occupier; secondly the Rent Act 1957 made increases of rent dependent on the remedying of defects; and thirdly and perhaps least significant the gradual improvement of the general housing situation secured by so much effort and heavy expenditure by the Council.

In addition, 501 complaints in connection with rats and mice were received.

ABATEMENT OF NUISANCES

Number of nuisances abated:-

After service of informal notices	421
After service of statutory notices	26
Without notice	1851

Proceedings were instituted against two owners for failing to comply with statutory notices. In one instance the work was completed the day preceding the hearing and the summons was withdrawn. In the

other case the Court made a nuisance order and the Corporation had to do the work in default of the owner.

On fourteen occasions blocked and defective drainage systems were dealt with under private Act powers which enable the Corporation on 48 hours' notice to the owner, to undertake the work and to recover the expenses incurred. This enables these matters to be dealt with much more quickly than under the Public Health Act.

DIRTY AND VERMINOUS HOMES

In two instances it was necessary to serve notices under sections 83 and 84 of the Public Health Act 1936. One concerned an elderly man who occupied a flat where a heavy flea infestation had to be eradicated and a considerable quantity of old clothing, lumber, etc. removed from the premises. In the other, where the occupant was an elderly woman, it was necessary to remove and destroy practically all the contents of the house and clean all floors, walls, etc., before the house could be made satisfactory. By the end of the year, however, owing to her dirty habits and her practice of collecting filthy articles, further action was required.

The number of complaints dealt with under this heading was 66 as compared with 48 last year. These mostly concerned elderly people who were living alone and only came to our notice when conditions had got really bad. In a number of instances, however, it was necessary to deal with vermin infestations in premises occupied by "problem" families.

The Department treated 224 rooms and 515 articles of bedding, furniture, etc. infested with vermin.

THE CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT 1960

The Act, which came into effect in August 1960, does much to make control rational and effective. With certain exceptions land may not be used as a caravan site without a licence, the old periods of grace being done away with. Sites are now primarily Town Planning matters, and if they conform to the Minister's model requirements and are maintained so as to satisfy the conditions of the licence, few public health problems should arise.

The Act does not, however, protect a built up area from the attentions of the individual who is determined to camp where he pleases and it is to be regretted that local authorities were not given powers to make Orders prohibiting camping in built up areas.

Applications have been received in respect of two sites. At the end of the year one site had been licensed and the Town Planning Committee was considering the position as regards the other site.

During the year 14 caravans were found to be parked on

unauthorised sites but these were removed within a few days following interviews with the occupants.

A total of 272 visits was made in connection with the camping sites and caravans.

RODENT CONTROL

The following table sets out the number of visits and treatments carried out by the Rodent Officer in connection with the destruction of rats and mice.

	Rats	*Mice*	*Total*
Properties inspected			
on notification	284	217	501
surveyed under Act	353	221	574
Infestations found	236	210	446
Treatment carried out			
(a) by local authority	230	206	436
(b) by occupier under supervision of Rodent Officer	6	4	10
Total number of inspections			3177

The treatment of sewers is undertaken by the Borough Engineer's Department, 480 manholes being prebaited and 280 poison baits laid.

PLACES OF ENTERTAINMENT

Forty-eight inspections were made of theatres, cinemas and other places of entertainment. Such matters as the general cleanliness of the premises, the efficiency of ventilating systems, and the proper maintenance of sanitary accommodation, staff and dressing rooms, were all dealt with. Generally the standards of hygiene maintained in these premises were good.

RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951

The purpose of this Act is to enforce the use of clean materials for filling upholstered articles including furniture, bedding and baby carriages.

Fourteen premises are registered. Seven samples of filling materials were submitted for tests in accordance with the Rag Flock and Other Filling Materials Regulations 1951; all were reported to be satisfactory. Twenty-four visits of inspection were made.

PET ANIMALS ACT 1951

Fourteen applications for licences were received and granted, 87 inspections being made of pet shops to ensure that the provisions of the Act relating to the welfare of animals for sale were observed.

PHARMACY AND POISONS ACT 1933

A total of 341 inspections of the 223 premises registered by the Council was made.

PUBLIC MORTUARY

During the year, 81 bodies were received in the public mortuary but no post mortem examinations were carried out, autopsies being performed at the Southend General Hospital.

SHOPS ACT 1950

The Department is responsible for administering sections 37 - 39 of this Act, which require the provision of seats for shop assistants, suitable and sufficient ventilation, temperature, lighting, sanitary conveniences and washing facilities, etc.

One thousand, nine hundred and sixty-four visits of inspection were made, and any matters requiring attention were remedied without the necessity of formal action being taken.

MERCHANDISE MARKS ACT 1926 AND AGRICULTURAL PRODUCTS (GRADING AND MARKING) ACT 1928

No contraventions regarding the labelling of imported foodstuffs were detected during the year. Two hundred and thirty-nine inspections were made.

FERTILISERS AND FEEDING STUFFS ACT 1926

The following particulars relate to samples which have been submitted for analysis:-

	Satisfactory	*Unsatisfactory*	*Action Taken*
Flower fertiliser	1	-	
Sulphate of Ammonia	1	-	
Sulphate of Potash	1	-	
Bonemeal	-	1	Printer's error. Firm cautioned.
Growmore fertiliser	2	-	
Dried blood	1	-	
Garden fertiliser	-	2	The matter was taken up with the authority in whose area the fertiliser was manufactured.
Intensive Growers' Mash	-	1	This was an informal sample. Out of stock on a further visit.
No.8 Chick Mash	1	1	The unsatisfactory sample was informal. Formal sample taken and found to be satisfactory.
Intensive Growers' Pellets	1	-	
Poultry Layers' Pellets	1	-	
Milk Equivalent	-	1	This product is not included in the schedules of the Act.

AGRICULTURE (SAFETY, HEALTH AND WELFARE PROVISIONS) ACT 1956 - SANITARY CONVENIENCES AT FARMS

The total number of premises requiring to be inspected under this Act is 46. In some instances it was necessary to require minor

matters to be dealt with. All these were promptly dealt with when the farmers' attention was called to them.

METEOROLOGY

The following information is supplied by the Meteorological Officer:-

Total sunshine for the year	1518.7 hours
Sunniest day	21st June
Sunniest month	June
Days with sunshine	282
Total rainfall for year	29.41 inches
Wettest day of year	19th May
Mean temperature	51°
Prevailing wind	South-west.

FACTORIES ACTS 1937 AND 1948

Inspections

	No. on Register	*Number of Inspections*	*Written notices*	*Occupiers prosecuted*
(a) Factories in which Sections 1,2,3,4 and 6 are to be enforced by the local authority	37	114	4	-
(b) Factories not included in (a) to which Section 7 applies	360	916	11	-
(c) Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises)	8	8	-	-
	405	1038	15	-

Defects found

	Number of cases in which defects were				*Number of cases in which prosecutions were instituted.*
	Found	*Remedied*	*Referred To H.M. Inspector*	*Referred By H.M. Inspector*	
Want of cleanliness	1	1	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	1	-	1	-	-
Sanitary conveniences					
(a) Insufficient	2	2	-	-	-
(b) Unsuitable or defective	26	25	-	6	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	2	2	-	-	-
	32	30	1	6	-

Outworkers

Lists received from employers and other authorities:-

Nature of Work	*Work-people*
Wearing apparel	159
Toys, fancy goods, plastic toys and apparatus, etc.	123
Nail and screw packing	14
Cabinets	7
Gloves	4
Covered buttons and belts	4
Umbrellas	2
Brush making	2
	315

DISEASES OF ANIMALS ACTS

The Chief Public Health Inspector acts as the inspector of the local authority under the Diseases of Animals Acts.

The veterinary inspections required by the Acts are carried out by the divisional inspectors of the Ministry of Agriculture, Fisheries and Food. There is, additionally, certain local administration of the numerous Acts, Orders and Regulations.

Four hundred and ninety-two visits of inspection were made.

Diseases of Animals (Waste Foods) Order 1957

This order was made in 1957 by the Minister of Agriculture, Fisheries and Food, and requires local authorities to issue licences in respect of waste food boiling plants. The order prohibits the feeding of unboiled waste foods to certain animals or to poultry, and requires collectors of waste foods to boil them for one hour in a plant licensed by the local authority. Three licences have been granted and 40 inspections of the plants were carried out during the year.

HOUSING

(a) Unfit Houses dealt with under the Housing Act 1957

In the five-year return it was estimated that 202 houses would require to be cleared by December, 1960. By this time another 63 houses required to be dealt with. Of these 190 had been demolished or closed, and 51 awaited demolition.

From the 190 properties referred to above, the Council required to rehouse 110 families, 64 found their own accommodation, and 13 persons were admitted to Part III accommodation or hospital.

This progress is the more satisfactory because it has been achieved with very little hardship or disturbance to the elderly. Action in regard to housing not only takes account of the physical state of the building but its suitability or otherwise for the persons living in it. Our first concern has been to remove young

families from unsuitable houses and to prevent their further occupation by similar tenants. The old we have been chary of disturbing especially if this would involve removal to another and strange neighbourhood, and not a few houses have been left to age and decline with their occupants until either the house became too defective or the occupant no longer needed that kind of accommodation.

A clearance order in respect of twenty properties in Shoeburyness was made by the Council and confirmed by the Minister of Housing and Local Government in December.

(b) Rent Act 1957

The following table shows the number of certificates etc., dealt with during the year:-

Part I - Applications for Certificates of Disrepair.	
(1) Number of applications for certificates	3
(2) Number of decisions to refuse certificates	-
(3) Number of decisions to issue certificates	
(a) in respect of some, but not all defects alleged	3
(b) in respect of all defects	-
(4) Number of landlords' undertakings accepted (First Schedule, para 5)	4
(5) Number of undertakings refused by local authority (First Schedule, para 5)	-
Part II - Applications for Cancellation of Certificates.	
(7) Applications for cancellation of certificates	2
(8) Objections by tenants to cancellation of certificates	1
(9) Decisions by local authority to cancel in spite of objections	-
(10) Certificates cancelled by local authority	1

FOOD

Food Premises

A total of 11,689 inspections has been made, during the year, of premises where food is prepared, stored or sold.

The number and type of food premises in the County Borough at the end of the year is as follows:-

Butchers	116
Canteens	39
Fishmongers	82
Flour confectioners	68
Food factories	22
Fruiterers and greengrocers	120
Grocery and provisions	375
Hospitals and homes	49
Hotels and boarding houses	569
Licensed premises and clubs	87
Restaurants, cafes and milk bars, etc.	652
School kitchens	50
Stalls, vans, etc.	58
Sugar confectioners	354
Miscellaneous	299
	2940

FOOD PREMISES REGISTERED UNDER SECTION 16 OF THE FOOD AND DRUGS ACT 1955 OR UNDER LOCAL ACTS

Manufacture of ice-cream	8
Sale of ice-cream	400
Ham boiling	92
Manufacture of sausages	78
Fish curing	19
Fish frying	29
Cooking of meats, chickens, etc.	7
Manufacture of meat pies	17
Bacon curing	3
Sale of shellfish	48
Manufacture of jam	1
	702

UNSOUND FOOD

In addition to the carcases etc. condemned at the slaughterhouse, the following foods were voluntarily surrendered as being unfit for human consumption:-

Canned goods	9839 tins
Fresh food	
Meat	4031¼ lb.
Fish	138½ stone
Miscellaneous	1113½ lb.

All condemned food is disposed of in the Corporation's controlled tip.

SAMPLING OF FOOD AND DRUGS

(i) Samples of Food Analysed

Nature of Sample	*Number*
Milk	81
Channel Island Milk	9
Sausages, tinned and cooked meats and fish, pies, etc.	76
Ice-cream	35
Soups, spices, pickles, herbs, etc.	35
Dried, preserved and tinned fruits, vegetables, etc.	30
Cakes, puddings and ingredients	29
Butter, margarine, lard and fat	19
Cereals and pulses	17
Tea, coffee, cocoa, etc.	11
Non-alcoholic drinks	10
Alcoholic drinks	9
Spreads	8
Cheeses and cheese spreads	6
Sugars	5
Baby foods	5
Bread	3
Jams, jellies, preserves, etc.	2
Sweets	2
Dripping and cooking oil	2
Cream	2
Suet	1
Tinned milk	1
Yeast	1
	399

(ii) Unsatisfactory Samples

Of the samples analysed, six were reported to be not genuine, details of which and the action taken in regard thereto are as follows:-

No.	*Sample*	*Whether Formal or Informal*	*Nature of Adulteration or Irregularity*	*Observations*
3211	Beef Patty with Beans and Carrots	Formal	Considered not to be a "Patty".	Manufacturers informed.
3257	Cornish Dairy Ice Cream	Formal	18% Deficient in Fat.	Fined £10. and 3 guineas costs.
3277	Pasteurised Milk	Formal	Contained small amount of light oil.	No action.
3294	Hamburger	Formal	Deficient in Meat to the extent of 42.6 per cent.	Attention of manufacturers called to Analysts' report.
3298	Steaklets	Formal	Deficient in Meat to the extent of 9.5 per cent.	No action.
3429	Slices of Bread	Informal	Contained pieces of brown fatty and farinaceous matter - probably pastry.	Cautioned.

PROSECUTIONS

Proceedings were taken in three instances against a firm of provision merchants for contraventions of section 2 of the Food and Drugs Act in respect of the sale of a mouldy steak pie, a steak pie which contained a nail, and a mouldy sausage roll. Fines of £10., £10., and £15. were imposed, together with five guineas costs in each case.

AIRPORT

733 tons 4 cwt. 92 lb. of imported meat were inspected at the Southend Municipal Airport. In addition 402 tons 11 cwt. 6 lb. of other imported foodstuffs were inspected.

REGISTRATION OF HAWKERS AND THEIR PREMISES

One new application for registration was received from a hawker, making the total number registered 65.

SHELLFISH

Registration

Forty-nine premises are registered for the sale of shellfish, nine of which are sheds where cockles are processed.

Bacteriological Sampling

During the year, 433 samples of cockles and two of oysters were submitted to the Public Health Laboratory for bacteriological examination. All samples were reported fit for consumption.

MEAT

Slaughterhouses

During the year, 5879 animals were slaughtered and examined at Rayleigh slaughterhouse, as detailed below:-

	Cattle excluding Cows	*Cows*	*Calves*	*Sheep and Lambs*	*Pigs*
Number killed	384	100	172	1023	4200
Number inspected	384	100	172	1023	4200
All diseases except Tuberculosis and Cysticerci:					
Whole carcases condemned	-	-	-	-	2
Carcases of which some part or organ was condemned	111	4	-	3	161
Percentage of number inspected affected with diseases other than tuberculosis and cysticerci	28.9	4.0	-	0.3	3.9
Tuberculosis only:					
Whole carcases condemned	-	-	-	-	-
Carcases of which some part or organ was condemned	-	2	-	-	38
Percentage of number inspected affected with tuberculosis	-	2.0	-	-	0.9
Cysticercosis:					
Carcases of which some part or organ was condemned	3	-	-	-	-
Carcases submitted to treatment by refrigeration	3	-	-	-	-
Generalised and totally condemned	-	-	-	-	-

Slaughter of Animals Act

Eight applications for licences to slaughter animals in slaughterhouses were received, all of which were granted.

MILK

Registration and Licensing

Milk and Dairies Regulations 1949-1954

No. of persons registered as distributors	174
No. of premises registered as dairies	2

Milk (Special Designation)(Pasteurised and Sterilised Milk)Regulations 1949-1953

No. of dealers' (Pasteuriser's) licences	3
No. of dealers' (Pasteuriser's - Tuberculin Tested Milk) licences	3
No. of dealers' licences to use the special designation "Pasteurised"	91
No. of dealers' licences to use the special designation "Tuberculin Tested (Pasteurised)"	21
No. of supplementary licences to use the special designation "Pasteurised"	2
No. of dealers' licences to use the special designation "Sterilised"	161
No. of supplementary licences to use the special designation "Sterilised"	3

Milk (Special Designation)(Raw Milk) Regulations 1949-1954

No. of dealers' licences to use the special designation "Tuberculin Tested"	27
No. of supplementary licences to use the special designation "Tuberculin Tested"	1

Bacteriological Examinations

During the year, 542 samples of milk were submitted for prescribed examinations:-

	No. of samples	*Passed*	*Failed*
Pasteurised	162	162	-
Sterilised	59	58	1
Tuberculin Tested			
(a) Pasteurised	127	127	-
(b) Farm Bottled	194	171	23
	542	518	24

The sample of sterilised milk which failed to pass the test, was produced at a dairy outside the Borough, and the local authority's attention was called to the matter.

The 23 samples of tuberculin tested farm bottled milk were from farms situated outside the Borough. The reports were forwarded to the Area Milk Officer for investigation.

Biological Examinations

Five samples of tuberculin tested milk were submitted to biological examination. All were reported negative for tubercle bacilli.

Prosecutions

Proceedings were taken against two dairy firms in relation to dirty milk bottles. Fines of £10. and £5. were imposed with three guineas and 10s.0d. costs.

ICE-CREAM

Seven manufacturing firms supply considerable quantities of ice-cream to retailers outside the Borough.

Eight firms are registered in respect of 29 mobile vans for the sale of ice-cream in the Borough - a requirement of the Corporation's Act of 1947; all are provided with sinks with hot and cold water supplies etc. In addition, there is a number of vans which operates in areas outside the Borough and retails "soft" ice-cream. The factories in which it is manufactured are kept under close supervision and samples obtained from every mix, and submitted to the Public Health Laboratory for testing. The supervision of the retailing of ice-cream by employees rests with the authority of the area in which the vans operate.

Four hundred and eighteen samples were submitted to the Public Health Laboratory for examination by the methylene blue reduction test, and were classified in accordance with the standards suggested by the Ministry of Health, as follows:-

Grade 1	*Grade 2*	*Grade 3*	*Grade 4*
326	73	16	3

Samples placed in categories 3 and 4 are considered to be unsatisfactory. Investigation of the possible causes of contamination was carried out on the premises from which unsatisfactory samples were obtained, and advice given.

FOOD HYGIENE (GENERAL) REGULATIONS 1960

The Regulations of 1955 and 1957 were consolidated in the Food Hygiene (General) Regulations 1960 which, apart from their application to ships, came into operation on 1st October, 1960. Amendments included the substitution of "catering business" for "businesses which consist of the supply of open food for immediate consumption", the extension of the definition of "handling of food" to include "persons who wash up or clean food equipment", together with sundry other alterations all of which serve to strengthen the legislation.

The standard of food hygiene in food premises has been reasonably well maintained. Where we have found cause for criticism this has been due mainly to faults on the part of the food handlers rather than the failure of the management to make structural improvements.

The problem of educating the seasonal food handlers still gives much concern. These people seldom continue to be employed in food premises after the end of one season, consequently each year we have to spend a very considerable amount of time on trying to obtain a reasonable standard of hygiene by this type of employee.

Thirty-seven talks and film shows on food hygiene were given to various organisations in the Borough, in addition to which talks were given to staffs engaged in the handling of food at factories, kitchens, etc., and also to the salesmen employed on mobile ice-cream vans.

Food Hygiene (Amendment) Regulations 1957 - (Onion Peelers)

These regulations prevent the giving out of shrimps, prawns and onions for peeling on domestic premises unless the premises are registered for the preparation of the food in question with the local authority under Section 16 of the Food and Drugs Act 1955 and certain other requirements are complied with.

A pickle manufacturing firm whose factory is situated outside the Borough employs outworkers living in the County Borough.

The firm has installed an onion peeling machine as a result of which the outworkers are only engaged in topping and tailing onions and the number of outworkers has been greatly reduced. The number registered for this purpose is five.

BACTERIOLOGICAL SAMPLING

The undermentioned samples were submitted to the Public Health Laboratory for examination during the year:-

Milks	542
Shellfish	435
Ice-cream	692
Water	322
Artificial cream	14
Frozen foods	23
Meat and organs	34
Miscellaneous foods following illness, complaints, etc.	11
	2073

REGINALD A. DRAKE

Chief Public Health Inspector

NATIONAL HEALTH SERVICE ACT, 1946, PART II

GENERAL MEDICAL AND DENTAL SERVICES.
PHARMACEUTICAL SERVICES AND SUPPLEMENTARY OPHTHALMIC SERVICES.

The services provided under Part II of the Act are controlled by the Local Executive Council, a Statutory body appointed by the Ministry of Health. Certain members of the Town Council continue to serve on the Local Executive Council, and there is a very pleasant relationship between these bodies.

The following extracts from the Report of the Local Executive Council for the year ended March 31st 1960 are included by kind permission of the Chairman, Dr. H. F. Hiscocks, to whom, as ever, I am much indebted:-

> "The membership of the Council is unchanged with one exception, We welcome Councillor Miss R. E. Currie, who was appointed by the Local Authority to take the place of Councillor Mrs. W. Dalwood on her retirement from membership of the Borough Council.
>
> At a national level some important events have taken place in the Health Service, which will have their effect on the work of Executive Councils in varying degrees.
>
> *The Mental Health Act, 1959* clears the way for a new conception of what constitutes Mental Disability. The changes introduced will in many respects bring about a closer co-operation between general practitioners and consulting psychiatrists. It behoves all Executive Councils to be ready to make such contributions as they can towards the smooth running of the new Act. Already our Council has been invited to submit, and has submitted, names of persons to serve on the new Mental Health Tribunal for this area, which will be set up under the Act.
>
> *The Royal Commission* on the Remuneration of Medical and Dental Practitioners, under the chairmanship of Sir Harry Pilkington, issued it's report in February. Although it's recommendations have largely been accepted by the Government, the detailed implications have yet to be worked out, and when completed will naturally be of great interest to all Executive Councils.
>
> During the past year also the *Interdepartmental Working Party on Legislation concerning Medicines* has been at work. The Management Committee of the Executive Councils Association was invited to submit evidence. Our Council at the invitation of the Management Committee forwarded the following 2 observations for inclusion in the evidence to be submitted, namely:-

(1) that there should be adequate testing of and reporting on new therapeutics before they are placed on the market and

(2) that there should be stricter control on the sale of that class of drugs which affects the central nervous system.

With Mrs.Boyes Watson, Mr.E.Bunting and our Clerk,Mr.Drew, I attended the Annual Meeting of the Executive Councils Association at Eastbourne last October. I was re-elected to the Management Committee of the association and once more must express my grateful thanks to our Council for having nominated me to serve.

There are 2 matters of local interest I should like to refer to. One is the starting of the first "Group Practice" in our area at 178, Southchurch Road. Although on a small scale it is the first of what I am sure will be the beginning of others on similar lines, and those responsible are to be congratulated on their enterprise. The other is the problem of arrangements for surgery accommodation in the Eastwood area. This has been a subject of complaint and caused us some concern as a result, but arrangements have now been made, which can be regarded as satisfactory.

Some Statistics

The estimated population of the County Borough is now 157,706. The number of patients registered with medical practitioners is 165,639 - 2,973 more than during the previous year. We are making every effort to solve this difficult problem of inflation, the most fruitful of which so far has proved to be a periodic check up with the immigrants register.

New acceptances numbered 14,446 (1,028 more than a year ago) and temporary residents - 6,486 (317 more than a year ago). The number of medical practitioners in contract with the Council as principals has risen from 86 to 88, during the year, and there are 2 assistants, and 2 trainee assistants (1 less than last year). The average number of patients on a doctor's list is 1,882 (77 less than a year ago),

The Cost of the Service continues to rise. Gross expenditure for the year ended March 31st 1960 has risen to £755,465 from £725,860 which was the sum for the previous year. Five years ago this figure was £524,888.

Details of this and other expenditure with some further statistical data are shown on the enclosed schedule.

STATISTICAL DATA

	Year ended 31.3.59	Year ended 31.3.60	Year ended 31.3.59	Year ended 31.3.60
			£	£
GENERAL MEDICAL SERVICE				
Number of principal practitioners included in the List.	86	88		
Number of assistant practitioners employed by principals	2	2		
Number of persons included in Doctors' Lists.	162,666	165,639		
Number of persons registered as temporary residents	6,169	6,486		
Total gross payments made to practitioners for General Medical Services.			209,584	230,199
Total gross payments made to practitioners for mileage.			44	51
Total gross payments made to practitioners for Drugs			201	200
Total payments made to practitioners opting out of the Superannuation Scheme			1,997	1,962
MATERNITY MEDICAL SERVICE				
Number of practitioners included in the separate List.	53	55		
Number of Assistant practitioners included in the separate List.	2	1		
Total gross payments made to practitioners for Maternity Medical Services.			7,680	8,246
TRAINEE ASSISTANT PRACTITIONERS				
Number of assistant practitioners	3	2		
Total amount paid to employing principals			3,447	2,407
SUPERANNUATION, EMPLOYER'S CONTRIBUTIONS			10,312	10,288
DENTAL SERVICE				
Number of dentists included in the List.	36	37		
Number of Assistant Dentists included in the List.	7	9		
Total gross payments made to Dentists in the year.			182,006	185,943
Total gross payments made to Dentists opting out of the Superannuation Scheme.			456	103
Superannuation, Employer's contributions.			7,546	7,747
Total amount of Statutory charges to patients.			46,385	46,930

STATISTICAL DATA (Contd.)

			Year ended 31.3.59	Year ended 31.3.60	Year ended 31.3.59	Year ended 31.3.60
SUPPLEMENTARY OPHTHALMIC SERVICE					£	£
Number of Opticians included in the List.			34	34		
Number of establishments included in the List.			32	34		
Number of Ophthalmic Medical Practitioners included in the List.			5	5		
Number of dispensing opticians included in the List.			9	10		
Number of sight-tests authorised up to 31st March 1960:-		301,354				
Number of cases dealt with up to the 31st March 1960, where one pair of glasses supplied		147,802				
two pairs of glasses supplied		47,678				
three pairs of glasses supplied		43				
bifocals supplied		41,576				
one lens supplied		4,028				
(a) Total amount paid to the profession					50,714	57,225
(b) Total amount of refunds of deposits to Patients (repairs,etc.)					152	143
(c) Total amount of Statutory Charges to patients					26,191	27,300
PHARMACEUTICAL SERVICE						
Number of Pharmacists included in the List.			49	50		
Number of Pharmacists' establishments included in the List.			62	63		
Number of Drug Stores included in the List.			2	1		
Number of Appliance Suppliers included in the List:- Distributors			24	27		
Manufacturers			6	6		
Amount paid to Pharmacists for dispensing.					240,832	258,742
" " " " " Rota Duties.					1,301	1,171
" of Statutory Charges to Patients.					46,428	48,788
ADMINISTRATION						
Number of permanent Staff employed.			14	14		
Number of temporary Staff employed.			-	-		
Number of part-time Staff employed.			-	-		

	Year ended 31.3.59	Year ended 31.3.60	Year ended 31.3.59	Year ended 31.3.60
	£	£	£	£
ACCOUNTS				
Total gross salaries and overtime.	8,158	8,703		
Insurance contributions, employer's share.	270	283		
Rent, rates, lighting and cleaning.	480	730		
Postage and Telephones.	894	998		
Stationery and printing	378	358		
Office Decorations and Repairs, etc.	11	2		
Office Equipment.	17	15		
Travelling expenses and subsistence.	58	55		
Drug testing.	131	122		
Subscription to Association of Executive Councils.	20	20		
Incidentals.	1	47	(including legal exs.)	
Employers' Superannuation Contributions.	586	646		
Advertising	-	1		
	£11,104	£11,980		
SUMMARY OF EXPENSES				
General Medical Services.	221,920	221,759	(inc. Mileage & Drugs).	
Maternity Medical Services.	7,680	8,246		
Trainee Assistant Practitioners.	3,447	2,407		
Dental Services.	190,011	193,793		
Statutory Charges to Patients.			46,385	46,930
Supplementary Ophthalmic Services.	50,866	57,369		
Statutory Charges to Patients.			26,191	27,300
Pharmaceutical Services.	240,832	259,914		
Statutory Charges to Patients.			46,428	48,788
Administration.	11,104	11,980		
Superannuation Refunds.	-	-		
Miscellaneous	-	-		
Grand Totals:-	£725,860	£755,465	£119,004	£123,018

NATIONAL ASSISTANCE ACT, 1948 - WELFARE SERVICES

With the exception of Section 50 (Disposal of the Dead) the Council's duties under the National Assistance Act, 1948, continue to be carried out by the Health Committee.

Mr. E. A. Beasant, M. B. E., F. I. S. W., Chief Welfare Officer, reports:-

PART III ACCOMMODATION

Notwithstanding the fact that the Council provides in proportion to its population a larger number of beds in Part III accommodation (temporary accommodation always excluded), than any other County Borough in England and Wales, the demand for admission was greater than our resources, nor were our problems made easier by the realisation that the new home at Whittingham Avenue, the completion of which was confidently promised for the early autumn, would not be ready for occupation at all during the year.

Meanwhile the building of another new home, this time in the Thorpe Bay area at Delaware Road, the third in our programme of five, was arranged, completion being scheduled for the autumn of 1961.

The general picture presented by the year is of a continuous improvement in standards of care and amenity at Connaught House accomplished by an unrelenting attention to detail, along with a continuous decline in the mental and physical state of many of our residents.

In our new homes we are beginning to accept a degree of incapacity for which we thought, until quite recently, they would be quite unsuitable and there is no indication that this process can be reversed or even arrested. That we can provide these residents with what they need in terms of care is due to the sympathetic understanding and willingness of the staff, which never ceases to surprise.

It is becoming apparent that the concept generally and enthusiastically accepted in 1948, but suspect by us from the outset, namely that our present society could maintain small, intimate homes for those upon whom loneliness bore heavily, and where some degree of gracious living would be possible, is unreal.

The merely lonely are readily accepted into the homes of voluntary organisations; other degrees of need must be catered for by the local authorities.

Age may bring wisdom and serenity, but senility has no compensations, and when unduly protracted, is redeemed only by the devotion of a younger generation.

Residential accommodation is provided by the Authority in their own homes at Connaught House (320 beds), Crowstone House (56 beds) and Pantile House (60 beds). There is also a wide variety of voluntary homes with which the Authority have made arrangements under Section 26 of the Act, where 112 beds were occupied by Southend residents at the end of the year. As will be seen from the following tables, on 31st December, 1960, there were 571 Part III residents compared with 565 in the previous year.

Accommodation provided pursuant to Part III of the National Assistance Act, 1948

ccommodated in	Persons resident on:											
	5.7. 1948	1.1. 1951	1.1. 1952	1.1. 1953	1.1. 1954	1.1. 1955	1.1. 1956	31.12. 1956	31.12. 1957	31.12. 1958	31.12. 1959	31.12. 1960
onnaught House (Borough cases only)	213	230	243	288	282	293	314	330	327	327	328	323
rowstone House	-	-	-	-	47	54	56	55	54	57	55	58
antile House	-	-	-	-	-	-	-	-	40	61	60	62
ther Local Authorities Homes	25	30	33	20	15	17	15	15	15	18	17	16
oluntary Homes nder Section 26	2	38	41	43	53	63	71	75	84	100	100	100
omes for Epileptics	3	4	4	4	4	4	4	4	4	4	3	3
omes and Hostels for the Blind	13	13	6	2	1	2	1	2	2	2	2	9
ental After-Care Homes	5	5	1	1	1	1	2	1	1	-	-	-
Totals:	261	320	328	358	403	434	463	482	527	569	565	571

Persons maintained by Local Authority in Part III Accommodation during 1960

Accommodation provided in	*Resident on 1.1.60*		*Admitted during year*		*Discharged during year*		*Died during year*		*Remaining on 31.12.60*	
	M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*
HOMES OF LOCAL AUTHORITY:										
Connaught House, Rochford	103	225	64	157	52	118	17	40	100	224
Crowstone House, Westcliff	-	55	-	15	-	10	-	2	-	58
Pantile House, Southend-on-Sea	25	35	8	13	1	2	7	9	25	37
HOMES OF OTHER LOCAL AUTHORITIES:										
County Borough of Barnsley	-	-	-	1	-	-	-	-	-	1
Essex County Council	-	6	-	-	-	1	-	1	-	4
Kesteven County Council	3	-	-	-	-	-	-	-	3	-

Continued

Accommodation provided in	Resident on 1.1.60		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.60	
	M	F	M	F	M	F	M	F	M	F
HOMES OF OTHER LOCAL AUTHORITIES: (Cont.)										
London County Council	2	1	-	-	1	-	-	-	1	1
Norfolk County Council	-	3	-	-	-	-	-	-	-	3
Surrey County Council	-	1	-	-	-	-	-	-	-	1
Worcestershire County Council	-	1	-	-	-	-	-	-	-	1
Berkshire County Council	-	-	1	-	-	-	-	-	1	-
HOME FOR EPILEPTICS	-	3	-	-	-	-	-	-	-	3
HOMES AND HOSTELS FOR THE BLIND	-	2	1	10	-	2	-	2	1	8
VOLUNTARY HOMES UNDER SECTION 26:										
Anchorage Home, Newport, I.of Wight	-	-	1	-	-	-	-	-	1	-
Sandringham, Westcliff	4	18	1	3	-	2	-	1	5	18
Dowsettholme, Southend	-	8	-	2	-	1	-	1	-	8
St.Martin's, Westcliff	-	17	-	8	-	7	-	2	-	16
Millfield, Prittlewell	-	4	-	1	-	-	-	1	-	4
St.Edith's, Leigh	-	4	-	-	-	-	-	-	-	4
Assumption Convent, Near Petersfield	-	1	-	-	-	1	-	-	-	-
Cripplecraft, Herne Bay	-	1	-	-	-	-	-	-	-	1
Glebe House, Lexden, Colchester	-	1	-	-	-	-	-	1	-	-
Eastwood Lodge, Eastwood	-	3	-	1	-	1	-	2	-	1
Beecholme Home for the Deaf, Felixstowe	-	-	-	1	-	-	-	-	-	1
Home and Hospital for Jewish Incurables, London, N. 15	-	1	-	1	-	-	-	-	-	2
Home for Aged Jews, London, S. W. 12	3	5	-	1	-	-	-	-	3	6
British Home and Hospital for Incurables, London, S. W. 16	-	-	1	-	-	-	-	-	1	-
Royal Hospital and Home for Incurables, London, S. W. 15	-	1	-	-	-	-	-	-	-	1
Blenheim House, Oldham	-	1	-	-	-	-	-	1	-	-
Ripon Lodge, London, S. E. 5.	1	-	-	-	-	-	-	-	1	-
Villa Adastra, Hassocks	-	1	-	-	-	-	-	1	-	-
Nazareth House, Southend	2	9	2	10	1	8	-	1	3	10
St.Katharine's Convent, Parmoor	-	1	-	-	-	-	-	-	-	1
Winsford House, Clacton-	-	1	-	-	-	-	-	-	-	1
Cotswold Cheshire Home, Cheltenham	-	-	-	1	-	-	-	-	-	1

Continued

Accommodation provided in	Resident on 1.1.60		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.60	
	M	F	M	F	M	F	M	F	M	F
VOLUNTARY HOMES UNDER SECTION 26: (Cont.)										
Seven Rivers Cheshire Home, Great Bromley	1	-	-	-	-	-	1	-	-	-
Hannah House, Hove	-	-	1	-	-	-	-	-	1	-
Andrew Duncan House, Shiplake	-	1	-	-	-	1	-	-	-	-
"The Dell" Rest Home, Oulton Broad	1	-	-	-	-	-	-	-	1	-
Ferrier Memorial Home, Westcliff-on-Sea	-	3	-	1	-	2	-	-	-	2
Home for Aged Seamen, Belvedere	-	-	1	-	-	-	-	-	1	-
Moorland House, Hathersage	-	1	-	-	-	-	-	-	-	1
"Rokefield", Westcott	1	-	-	-	-	-	-	-	1	-
Tudor House, Grayshott	-	1	-	-	-	-	-	1	-	-
Elim Eventide Home, Eastbourne	-	-	-	1	-	-	-	-	-	1
West Ham Central Mission, London, E.13	-	2	-	-	-	-	-	-	-	2
Wittington, Marlow, Bucks	-	1	-	-	-	-	-	1	-	-
Cliff Dene, Tankerton	-	1	-	-	-	-	-	-	-	1

Temporary Accommodation

During the year, 47 cases were investigated, and in 19 of these temporary accommodation was provided at Connaught House as under:-

	No. of cases	Length of stay
Individual males	6	1 for 9 days 3 for 1 night 1 for 2 nights 1 for 3 nights
Individual females	9	7 for 1 night 1 for 4 nights 1 for 26 days
Mother and 2 children	1	1 night
Mother and 1 child	1	1 night
Mother and 3 children	1	3 nights
Husband and wife	1	1 night

CONNAUGHT HOUSE

Failure to complete Whittingham House during the year prevented any reduction of the severe overcrowding at Connaught House but it was anticipated that, with the opening in January, 1961, we should be able to transfer all the men to the wards west of the entrance road and the women to the east. This improved

the staffing arrangements and reduced the total of beds by 20 - admittedly but a small reduction - but a step in the right direction.

It will be appreciated that recruitment of the right type of men and women to staff a home where the vast majority of the residents suffer from varying degrees of senile dementia, incontinence, and severe crippling disabilities (particularly as the financial rewards are not great), is a constant source of anxiety, but fortunately we have found a sufficient number who, accepting this work as a vocation, provide a very good standard of care and attention. The devotion of the staff to those in their care is admired and appreciated by the residents and their friends alike, and it is significant that when some are offered transfer to one of the hostel type homes it is frequently difficult and, indeed, sometimes impossible, to persuade them to exchange a better physical environment for the happiness and security which Connaught House gives them.

It was decided experimentally to staff some of the wards completely by women working four days on and three off and others three days on and four off, thus enabling them to have sufficiently long breaks to deal with their own household commitments and return completely refreshed to their work. I am happy to report that this experiment has proved entirely successful, has enabled us to recruit excellent staff who could not work full-time and has demonstrated how suitably this work can be arranged as part-time employment.

Careful planning of the redevelopment scheme continued during the year and it is confidently anticipated that the first major part, viz. the building of a single storey 60-bed block to replace St. Clement's Ward, which has already celebrated its 102nd birthday, will begin early in 1962.

The following table gives the ages of the residents at the end of the year:-

Ages of Residents	*Males*	*Females*	*Total*
Under 60	5	10	15
60 - 69	12	28	40
70 - 79	29	58	87
80 - 89	46	106	152
90 and over	8	22	30
	100	224	324

Of a total of 324 residents, 182 or 56% were over the age of 80.

No report on Connaught House can be completed without reiterating our grateful thanks to the many voluntary bodies

who do so much for the residents. The outings and entertainments provided by the hospital Ladies Working Party, The Inner Wheel, the Rochford and Shoebury branches of the British Legion, the Rochford Old Age Pensioners Association and the Leigh Young Wives Club were very much appreciated. The various local branches of Toc H have a long record of devoted service to the residents of Connaught House of which they can be justly proud, and we are again deeply indebted to them for the regular attendance of the film unit, maintenance of the library, for the running of the trolley shop (the profits from which are devoted to additional comforts for the residents), for numerous outings and for the use of the Toc H coach. These many activities bring the members into personal touch with the residents and result in numerous acts of personal kindness which are so much appreciated by the lonely.

CROWSTONE HOUSE

This was another successful year for Crowstone House, although inexorable physical deterioration further left its mark upon the residents. This home is so situated and constructed that one cannot but feel that when the bed situation permits it should be used to accommodate the more able-bodied of our residents, both men and women, who are able to appreciate to the full the excellent amenities available both within and outside the home. The experience gained over the years has proved the success of homes for both sexes, for the old man is more likely to shave, put on a collar and tie and keep his cap off when ladies are around, whilst the ladies, too, are more careful about their appearance when men are present, for old habits die hard. Separate small lounges for each sex are, however, a necessity.

During the year a total of 15 residents was admitted, 12 on transfer from Connaught House and 3 from their own homes.

A total of 12 was discharged as follows:-

To Connaught House, Rochford	6
To General Hospital, Rochford	4
Died in Crowstone House	2

so that on the 31st December, 58 were in residence, their ages being as under:-

Under 70	70 - 79	80 - 89	90 and over
5	17	30	6

PANTILE HOUSE

Pantile House also enjoyed another successful year and has amply justified the time and thought expended on its planning.

Although many of the 60 residents suffer from severe physical disability and its resultant immobility, at least one-third have

varying degrees of incontinence, whilst others suffer from the unfortunate mental deterioration which so often comes with age, yet all live together in a happy family atmosphere.

As an experiment we admitted into this home two old ladies who, physically, were reasonably good for their age but whose mental condition had deteriorated to such an extent that their relatives were quite unable to provide for them or make any other arrangements for their care. Their previous background was such that institutional accommodation could only have resulted in even more rapid deterioration and one is happy to record that they were both readily accepted by the staff and other residents at Pantile House and have now markedly improved and become integrated members of the "family".

As will be seen from the following figures 16 residents who could obtain no benefit from transfer to Hospital were cared for to a conclusion during their terminal illnesses; a duty undertaken very willingly by the Matron and her staff, and one which justly earned the appreciation and thanks of relatives and friends.

Pantile House has derived great benefit from the Church of St. Luke and our sincere gratitude is due to the Reverend David Thurley and his congregation for the many kindnesses extended to our residents. He is most attentive to their spiritual needs and conducts regular Communion and other services in Pantile House. In addition all residents are encouraged to take a full share in the community life of the parish and many of them are regular attenders at the social functions organised by the Church, including annual holidays.

Resident on 1.1.60	Males	25
	Females	35
Admitted during year	Males	8
	Females	13
Discharged during year	Males	1
	Females	2
Died during year	Males	7
	Females	9
Remaining on 31.12.60	Males	25
	Females	37

During the year a total of 21 residents was admitted, 5 on transfer from Connaught House, 14 from their own homes, 1 from Southend General Hospital, and 1 from Oldchurch Hospital, Romford.

A total of 19 was discharged, as follows:-

To Connaught House, Rochford	1
Died in Pantile House	16
To Southend General Hospital (Died) ...	2

so that on the 31st December, 25 men and 37 women were in residence, their ages being as under:-

	Males	Females	Total
Under 70 ...	2	2	4
70 - 79 ...	8	14	22
80 - 89 ...	12	16	28
90 and over ...	3	5	8
	25	37	62

BLIND WELFARE

Mention was made last year of the purchase by the Southend-on-Sea Blind Welfare Organisation of premises in Imperial Avenue, Westcliff-on-Sea, for adaptation as a residential home for 12 blind persons and a permanent social club centre for all blind persons in the area. The year 1960 saw the fulfilment of the hopes of this body and the first residents were admitted to the home in June. This admirably sited, well furnished, comfortable home and club is indeed a monument to determined voluntary effort and one of which the town can be justly proud. The local authority can limit itself to its statutory obligations, for the social amenities of the blind population are in safe hands.

Wireless

The British Wireless for the Blind Fund supplied 13 new wireless sets during the year.

Registration

	Males	Females	Total
Register of the Blind			
Number on Register 1.1.60	173	286	459
Left Borough during year	5	13	18
Died during year	22	31	53
Transfers in from other areas	8	9	17
Untraced case re-registered	1	-	1
Newly registered during the year	11	43	54
De-certified during the year	1	-	1
On Register 31.12.60	165	294	459
In Homes for the Blind	2	8	10
In other Homes including Part III	7	39	46
In Hospitals for Mentally Sub-Normal	2	4	6
Register of Partially Sighted			
Number on Register 31.12.60	29	72	101

Age Periods of Registered Blind Persons

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Un-known	Tot
Males	-	-	-	1	-	2	-	2	1	5	16	12	15	22	50	16	19	4	-	16
Females	1	-	-	-	-	5	2	1	2	4	7	24	13	23	88	54	47	23	-	29
Total	1	-	-	1	-	7	2	3	3	9	23	36	28	45	138	70	66	27	-	45

Age at Onset of Blindness

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Un-known	To
Males	13	-	-	-	2	1	3	6	11	6	16	19	14	22	30	14	6	1	1	16
Females	18	1	1	-	1	8	1	3	6	2	17	34	24	27	90	36	21	4	-	29
Total	31	1	1	-	3	9	4	9	17	8	33	53	38	49	120	50	27	5	1	45

Cases newly registered during year.

Forms B.D.8 were received in respect of the following:-

	Males	*Females*	*Total*
Certified blind	11	43	54
Certified partially-sighted	3	15	18
Certified not blind or partially-sighted	-	1	1
	14	59	73

Persons whose names were entered on the register of the blind during 1960 were aged:-

0	*5-10*	*21-29*	*40-49*	*50-59*	*60-64*	*65-69*	*70-79*	*80-84*	*85-89*	*90 and over*	*Total*
1	1	1	2	7	1	1	18	9	10	3	54

Causes of Blindness

(i) Primary Cataract.Total 13.

(a) Suitable for surgical treatment.
Ages 8,74,95,88,95,80,90.72,75.

(b) Not suitable for surgical treatment.
Ages 57,85,90,84.

(ii) Primary Glaucoma, Total 5.
Ages 72,71,75,72,75.

(iii) Diabetes, Total 7.
Ages 74,79,57,41,78,77,54.

(iv) Senile Macular Degeneration, Total 18.
Ages 79 81,91,86,78,78,84,80,89,79,87,81,94, 87,90,80,68,86.

(v) Retina Defects. Total 4.
Ages 71,57,59,63.

(vi) Thrombosis. Total 2.
Ages 54,85.

(vii) Congenital Hypoplasia. 1 aged 2 months.

(viii) War Injuries. 1 aged 71.

(ix) Cerebral Tumour. 1 aged 56.

(x) Keratitis. 1 aged 80.

(xi) Choroiditis. 1 aged 58.

Partially Sighted.

Persons whose names were entered during 1960 in the register of the partially sighted were aged:-

Under 16	*21-49*	*50-64*	*65 and over*	*Total*
1	2	1	14	18

Follow-up of Registered Blind and Partially Sighted Persons

	Cause of Disability			
	Cataract	*Glaucoma.*	*Retrolental Fibroplasia*	*Others*
(i) Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends:-				
(a) No treatment	7	3	-	46
(b) Treatment (medical, surgical or optical)	10	5	-	1
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment.	3	4	-	1

Ophthalmia Neonatorum

No injury to vision resulted from this cause.

Work of the Home Teachers

A total of 1673 visits was made to blind persons in their homes, during which 156 lessons in embossed type and 20 lessons in handicrafts were given.

Handicraft classes met weekly, instruction being given in chair-caning, weaving, netting, string-bag making, basket making and other crafts.

Home Workers

At the end of the year there were 5 home workers in receipt of augmentation of wages, 3 engaged in basket making, 1 in circular machine knitting and 1 in shopkeeping.

Periodicals

Periodicals in Braille and Moon type continued to be supplied free of charge to local blind readers, whilst many of them continued to avail themselves of the library facilities afforded by the National Library for the Blind, to which the Local Authority makes an annual grant.

Use of Deck Chairs on Promenade and Cliffs

Passes were issued to 332 blind people by the Council's Entertainments Committee, enabling them to use deck chairs on the promenades and cliffs - a privilege much appreciated.

Transport Passes

Renewal transport passes were issued by the Joint Transport Undertaking to 150 registered blind persons who had previously been accorded this privilege. We are grateful to the Undertaking for this continued concession.

MEALS ON WHEELS

This service, started by the W.V.S. in June, 1958 with a delivery of between 30 and 40 meals on two days a week, has continued to expand. We were able to report last year that by November 1st, 1959, the number of meals provided had increased to 50 per day on four days per week. We are now happy to record that by November 1st, 1960, this number had increased to 75 per day on four days per week. Transport is by the W.V.S. van, a van hired from the Corporation, and private cars of members of the W.V.S. The continued expansion necessitated the provision of an additional hot lock and the Council made a total grant of £295 in respect of the financial year ended 31st March, 1961, made up as follows:-

	£	s.	d.
Deficit on balance sheet for previous year	3	11	3
Deficit on 13,064 meals at 2d. being the difference between the purchase price and the charge to recipients	109	0	0
Additional hot lock and thermos equipment	43	3	5
Cleaning and heating materials etc.	55	0	0
Hire of transport from Car Pool	75	0	0
Contingencies	9	5	4
	295	0	0

equivalent to a total subsidy of less than 5½d per meal.

It will be readily appreciated that a scheme of this kind, so obviously of benefit to sick and old people in their own homes, requires sustained, efficient organisation and attention to detail, and our congratulations and thanks are extended to the Organiser and members of the W.V.S. on their continued success and expansion in this field.

HANDICAPPED PERSONS - GENERAL CLASSES

During 1960 we continued adding to the register of handicapped persons the names of those referred to the Department for assistance, and by the end of the year it contained 100 names.

We built on foundations laid in 1959; practical assistance was provided in the home by way of adaptations in 12 cases at a total cost of £210, and by the loan of aids and equipment, whilst 13 handicapped persons were assisted financially to participate in the holiday scheme organised by the Essex Association for the Physically Handicapped.

From the experience obtained in dealing with the above cases it became evident that there was a clamant need for social facilities for many handicapped persons who were unable to share in the normal life of the community. Although much is done by such excellent bodies as the Spastics Society, the Infantile Paralysis Fellowship, the Multiple Sclerosis Society, B.L.E.S.M.A., the Invalid Tricycles Association etc., their efforts are necessarily confined to those who are reasonably mobile and there are many who, because of age, or disabilities not catered for by these Organisations, or whose condition is so advanced as to exclude the provision of invalid transport by the Ministry of Health, are confined to their homes, denied the opportunity of companionship and forced to live in an isolated world with no opportunities of self-expression and a most depressing prospect.

To combat this social isolation, it was felt that a social club, where adequate transport arrangements were possible, was a necessity and as the satisfactory organisation of such a venture could not possibly be dealt with on a purely statutory basis, an invitation was extended to appropriate voluntary organisations in the Borough to attend an exploratory meeting on the 29th November, 1960. The success of this experiment will be reported fully in the next Annual Report.

ERNEST A. BEASANT

Chief Welfare Officer.

NATIONAL ASSISTANCE ACT, 1948

Section 37, Registration of Disabled Persons' or Old Persons' Homes

		Registered at 31.12.60	
Homes for Old People		*No.*	*No.of Beds*
Voluntary		5	149
Private	†	21	157
Homes for Old and Disabled Persons			
Voluntary		2	44
Private	*	9	108
Homes registered under Southend-on-Sea Corporation Act, 1947, Section 144		5	42

† 2 Homes also registered under Southend-on-Sea Corporation Act.

* 1 Home " " " " " " " "

Section 47, Removal of Persons in need of care and protection

This Section empowers the removal of persons "suffering from grave chronic disease" or who "being aged, infirm or physically incapacitated are living in insanitary conditions" and, under proper safeguards, their detention in hospitals or other suitable institutions.

It was not necessary to take any formal action under this Section during the year.

Section 48, temporary protection for property of persons admitted to hospitals and other institutions

Under this Section of the Act, the Local Authority have a duty to protect the movable property of any person admitted to hospital or Part III accommodation if it appears to them that there is danger of loss of or damage to such property and that no other suitable arrangements have been made. 46 such cases came to the notice of the department during the year, involving 104 visits.

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ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1960

WELFARE AND SPECIAL SERVICES SUB-COMMITTEE
OF THE EDUCATION COMMITTEE

Chairman:

Alderman Mrs. C. Leyland, O. B. E.

Vice-Chairman:

Alderman P. B. Renshaw, I. S. O.

Ex-Officio:

Chairman of Education Committee
Alderman A. V. Mussett

Vice-Chairman of Education Committee
Mr. W. A. Waller, B. Com., F. C. A., J. P.

Chairman of Maternity & Child Welfare Committee:
Alderman Mrs. M. Broom

Councillor Mrs. H. Crawford
Councillor O. A. Moss, F. H. A.
Councillor H. Fortescue
Mr. E. S. Bowyer
Miss E. O. Dowsett
Mrs. B. Copeland, J. P.
Reverend Canon P. C. Lee
Reverend J. F. Watson
Mr. T. L. Morgan, M. Sc., A. M. I. C. E., A. M. I. Struct. E.
Mr. D. A. Smith, F. R. E. S., F. Z. S.

STAFF OF THE SCHOOL HEALTH SERVICE

A. WHOLE-TIME OFFICERS

Principal School Medical Officer:
J. Stevenson Logan, M. B., Ch. B., D. P. H.

Deputy Principal School Medical Officer:
J. Conway Preston, M. R. C. S., L. R. C. P., D. P. H.

School Medical Officers:
John Greenhalgh, M. B., B. S., M. R. C. S., L. R. C. P., D. A.
Dorothy Irene Klein, M. B., Ch. B., D. Obst. R. C. O. G. -
(Special leave from October 1960)
Marion Harrison, M. B., B. S., D. P. H.
Mavis Gloria Spencer Read, M. B., B. S., (Locum tenens from 19. 9. 60)

Principal School Dental Officer:
Edgar C. Austen, L. D. S., R. C. S. (Eng.)

Superintendent Health Visitor
Miss Edith Roberts

Health Visitors and School Nurses:

Miss M.N. Withams.
Miss D.E. Stevens.
Mrs. U. MacGrath.
Mrs. A.M. Hart.
Miss F.L. Blackbourn.
Mrs. J.M. Buck.
Miss M. Brennan.
Miss J.M. Gaillard.
Miss K. Noonan.
Mrs. L.W. Williams
Miss P.M. Reeves.
Miss R.G.H. Payne, resigned 17.9.60.
Miss M.M. Braun.
Miss D.E. Bicknell, resigned 19.8.60.
Miss J.N. Hoare, resigned 4.12.60.

Student Health Visitors under Training:

Mrs. D.J. Christian terminated 20.3.60.
Miss M.K.V.A. Bernas, appointed 25.4.60.
Miss V.L. Williams, appointed 25.4.60.
Miss B.E.H. Hobbs, appointed 5.9.60.

School Clinic Nurse:

Miss D.L. Willis.

Senior Educational Psychologist:

Thomas Doyle, B.Sc., Ed.B., A.B.Ps.S.

Assistant Educational Psychologist:

Miss A. Sassoon, B.A.,

Psychiatric Social Worker:

Miss D.L. Freeman-Browne.

School Clinic Attendant:

Miss P. Brown, resigned 19.3.60.
Miss P. Thurman, appointed 11.5.60.

Dental Attendant:

Mrs. D. Arter (née Carver)

Clerks:

Mrs. L.C. Wright, resigned 29.2.60.
Mrs. B. Whiting (née Pettitt.)
Mrs. E. Steele (née Coales.)
Mrs. P. Marshall (née Allen.)
Miss B.A. Brooker, appointed 14.3.60.
Miss J.E. Nash

B. PART-TIME OFFICERS

Psychiatrist

H. Bevan Jones, M.R.C.S., L.R.C.P., D.P.M.

Speech Therapist:

Miss A. Power, L.C.S.T.

Physiotherapist at Open Air School:

Mrs. A. Winder, M.C.S.P., appointed 11.1.60:
resigned 27.5.60.

Municipal Health Centre,

Warrior Square,

Southend-on-Sea.

Telephone: Southend 49451

ANNUAL REPORT

This report for 1960, like many of its predecessors, is by the hand of my Deputy, who continues to provide leadership and impetus to the School Health Service.

I acknowledge gratefully the continued confidence of the Committee, the willing co-operation of its officers and teaching staff, and the loyalty of all those who have any part in your School Health Service.

J. Kinnear Logan

PRINCIPAL SCHOOL MEDICAL OFFICER

STAFF

In September Dr. D. I. Klein was given leave of absence until July 1961, to enable her to undertake a whole-time course in audiology at Manchester University Department of Education of the Deaf. The vacancy was filled by the appointment of Dr. Mavis Read as temporary assistant medical officer.

In December Dr. M. Harrison was approved as a medical officer for the ascertainment of educationally subnormal pupils.

Mrs. A. Winder, who took up her appointment as physiotherapist at the Open Air School in January, resigned in May, and the Hospital Management Committee were unable to replace her before the end of the year.

The orthoptist, Miss Pitt-Payne, left in July and was replaced by Mrs. Saksena, but the clinic suffered some interruption when the latter went on three months leave of absence in October. This appointment, like that of the physiotherapist, is in the service of the Hospital Management Committee.

There were three resignations among the staff of health visitors and school nurses; Miss D. E. Bicknell in August, Miss R. G. H. Payne in September and Miss J. N. Hoare in December.

Three additional student health visitors were appointed, Miss M. K. Bernas and Miss V. L. Williams in April, and Miss B. E. H. Hobbs in September. One student health visitor, Mrs. D. J. Christian, formerly Miss Dix, resigned in March, on her marriage and removal to another part of the country.

Miss P. Brown, school clinic attendant, resigned in March, and was replaced by Miss P. Thurman.

Mrs. L. C. Wright, clerk in the school health section, resigned in February and Miss B. A. Brooker was appointed in March.

PERIODIC MEDICAL AND DENTAL INSPECTIONS

Periodic medical inspections in the schools numbered 4479, compared with 4955 in the previous year. For reasons which were discussed in last year's report, this figure remains considerably below the number necessary to maintain three "routine" inspections of every child during his school life. It has been necessary to concentrate upon the first and last inspections, with the object of discovering any physical defects in the new entrants, and of ensuring that those about to leave school are suitably advised and receive any necessary treatment before entering employment. This, however, has the major disadvantage that the intermediate inspection, when defects of vision often become apparent for the first time, tends to be postponed. Consideration needs to be given to some means of bridging this gap in our present arrangements, possibly by the institution of screening tests of visual acuity, by the school nurses, for children in the primary schools at

about the average age of acquiring literacy.

The general pattern of the findings at periodic inspections, as shown in the statistical tables, contained no unusual features.

The principal school dental officer continued to work single-handed, and periodic dental inspections numbered 3585 compared with 3145 last year.

PROVISION OF MILK AND MEALS.

The School Meals Service provides about 12,600 meals a day. Most schools now have their own kitchens, but a few are still served with container meals from central kitchens.

The proportion of children taking school dinners is about 41% in the primary schools and 50% in the secondary schools. About 1,000 children per day receive free meals, approximately 8% of the total meals served.

During the year new kitchens were opened at Sacred Heart School and at the two new Roman Catholic Schools, Our Lady of Lourdes Primary School and St. Thomas More High School for Boys.

It is satisfactory to record that there was again no outbreak of illness which could be attributed to school meals.

In January, 1961, the Council approved the Establishment Committee's proposal that staff of the School Meals Service excluded from work on the advice of the Principal School Medical Officer should be paid in full during such exclusion. This decision regularised the practice which has been adopted hitherto by individual recommendation in each case.

All milk supplied to the schools is pasteurised.

ARRANGEMENTS FOR TREATMENT

1. GENERAL.

A. School Clinics

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Afternoons at 2.15 p.m. from Monday to Friday throughout the year.

No. 70 Burnham Road, Leigh-on-Sea.

Wednesday afternoon at 2.45 p.m.

Council Offices, High Street, Shoeburyness.

Thursday afternoon at 2.15 p.m. throughout the year.

Eastwood High School, Rayleigh Road, Eastwood.

Monday afternoon at 2.15 p.m. during term-time only.

B. Minor Ailment Treatment Centre

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Mornings from 9.0 a.m. Monday to Saturday throughout the year. (Treatment by School Clinic Nurse).

C. Dental Clinic

Municipal Health Centre, Warrior Square, Southend-on-Sea.

One Surgery open for 11 sessions weekly throughout the year.

No.70 Burnham Road, Leigh-on-Sea.

Owing to staff shortage, this Clinic was not open during the year.

D. Eye Clinic

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Thursday afternoon at 2.15 p.m. throughout the year.

E. Orthoptic Clinic

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Four sessions weekly - Monday morning, Thursday morning and Friday morning and afternoon.

F. Child Guidance Clinic

Psychiatrist provided by Regional Hospital Board. Premises and ancillary staff provided by Local Authority.

No.20 Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. The psychiatrist attends on 4 sessions a week, on Monday and Friday throughout the year.

G. Speech Therapy Clinic

No.20 Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. The Speech Therapist attends daily, mornings and afternoons, except Tuesday afternoon (and evening) and Wednesday morning, when she is engaged on work for the Hospital Management Committee, on Thursday morning when she attends the Day Open Air School and on Thursday afternoon at St.Christopher's. The time-table is subject to variation when the Therapist has to visit schools to interview head teachers.

There was no change in the general pattern of clinic services or the range of treatment provided. Minor adjustments of the time-table at Leigh Clinic were necessitated by the heavy attendances at the immunisation session with which the school clinic is combined.

The clinic at Eastwood High School is the only one which is still held on school premises. The desire of the Governors for this arrangement to be terminated is both understandable and fully shared. In the past the single co-educational high school and the Eastwood primary school were both within the same curtilage. With the separation of the boys' and girls' high schools, and the opening of Edwards Hall Primary School the disadvantages of the present clinic in the medical room of the boys' high school, have been accentuated. The present accommodation is, in any case, inconveniently situated as a medical inspection room and even more inadequate as a clinic.

The only access to it is through the assembly hall, which owing to shortage of accommodation in recent years, is constantly in use. The result, equally unsatisfactory to both parties, is an interruption of the school activities by children and parents passing through the hall, and the impossibility of securing quiet conditions suitable for medical consultation in a room immediately adjacent to a school hall.

It is hoped that a solution to this problem by the development of a combined treatment clinic on the Kent Elms Corner site will not be long delayed.

2. MALNUTRITION.

The arrangements for the supply of free milk and meals on evidence of economic need remained unchanged. The steady improvement in the nutritional state of children, and the rarity of clinical signs of under-nourishment have frequently been commented upon. This may be largely attributable to full employment and improved economic circumstances, but the number of children in receipt of free meals indicates that this is not the whole answer.

A less easily assessable factor is the extent to which health education may inculcate more sensible eating habits. The convenience of factory-processed foods, while it may make for less reliance on the frying pan, has shifted the emphasis of our national gastronomy from the farmer to the food technician.

3. MINOR AILMENTS.

The inspection clinic and minor ailment treatment centre at the Municipal Health Centre was open daily as usual.

Attendances at inspection clinics numbered 5088 compared with 4962 in the previous year, and attendances at the treatment clinics were 1490 compared with 2345.

No case of scalp ringworm has been seen in recent years, and scabies and impetigo, which used to feature largely in school clinic practice, are now relatively uncommon. Plantar wart is still very prevalent and a large number of cases was seen among the pupils of one secondary school. A foot inspection of the entire school was undertaken and the affected pupils were excluded from participation in showers and gymnasium activities.

In addition to dealing with conditions properly described as minor ailments, many children are brought to the clinic for advice on general health problems.

4. UNCLEANLINESS AND VERMINOUS CONDITIONS

The school nurses continue to make cleanliness inspections at the beginning of each term, except in the boys' secondary schools. The total number of examinations was 48,942, compared with

44,337 last year, and the number of individual pupils found to be infested was 81, compared with 88. This low incidence should be regarded as evidence that the system is successful, not that it is unnecessary.

5. CONVALESCENT TREATMENT

Convalescent treatment is provided free of charge for school children, on medical recommendation. The service has never been extensively used, perhaps because the recuperative properties of Southend-on-Sea are considered to compare favourably with other areas.

This year only 2 children were sent to convalescent homes, the corresponding figure for last year being 8.

6. DENTAL TREATMENT

Mr.E.C.Austen, principal school dental officer, writes:-

"The staff situation remained unaltered during the year, consequently the school dental service was concentrated on the Municipal Health Centre.

In March Mr.Willcocks was appointed consultant orthodontist to the Southend group of hospitals and his advice has been made available to the school dental service as well as to the local practitioners, who now appear to be undertaking more orthodontic treatment. It is noticed that the demand for this type of treatment has decreased at the school clinic, 61 new cases being undertaken during the year against 82 in the preceding year.

The number of patients seeking emergency treatment remains fairly constant over the years and this year 1836 were treated.

At routine school inspections it is found that the number of children receiving dental treatment under National Health Service arrangements continues to be high.

During the year 23 children were supplied with artificial dentures and 2 with jacket crowns. These were all necessitated by accidents to anterior teeth.

Treatment undertaken on behalf of the Maternity and Child Welfare Service was again kept to a minimum. It was found necessary, however, to devote 22 sessions to this service."

7. EYE DISEASES AND DEFECTIVE VISION.

The consultative ophthalmic service for children is centred on Southend General Hospital, but a weekly refraction clinic is still held at the Municipal Health Centre, where 552 children made 1238 attendances.

8. ORTHOPTIC CLINIC.

The orthoptic service is divided between the hospital and the Municipal Health Centre, where four sessions are held each week. Reference to the interruption of this clinic owing to staff difficulties has been made earlier in this report. The number of children treated at the clinic was 213.

9. DISEASES OF THE EAR, NOSE AND THROAT.

Children requiring specialist advice are referred to the consultant surgeon at Southend General Hospital. Children with hearing defects requiring full audiological investigation are referred to the Audiology Unit of the Royal National Throat, Nose and Ear Hospital, Grays Inn Road.

Eight children are known to have been supplied with hearing aids during the year. Three of these were commercial aids supplied by the Education Committee on the recommendation of the Audiology Unit. Deafness in childhood presents special problems, partly because a high proportion are cases of perceptive deafness with uneven hearing loss, so that a simple, uniform amplification does not always meet their needs, and partly because the disability is complicated by the child's necessity to learn both to hear and discriminate sounds, and to speak. It is in these more difficult cases that the consultant audiologist sometimes recommends a commercial aid in preference to the standard Medresco aid available under the National Health Service. There is no doubt that the Committee's generous and enlightened policy in accepting these recommendations in carefully selected cases is well worth while.

The number of children known to have received operative treatment during the year for adenoids and chronic tonsillitis again showed a slight decline, to 327, compared with 355 in the previous year.

10. ORTHOPAEDIC AND POSTURAL DEFECTS.

Children with major orthopaedic defects of congenital origin are usually receiving specialist treatment before they reach school age, and others, such as those resulting from crippling diseases of childhood, like poliomyelitis, rheumatoid arthritis and Perthe's disease, usually reach the consultant orthopaedic surgeon via their general practitioner.

The minor postural defects of childhood such as flat-foot and adolescent scoliosis appear to be rather less common than they were some years ago. The greater attention paid to physical education, and the general improvement in nutritional standards are perhaps factors in this.

The Open Air School was unfortunately again without a physiotherapist for the greater part of the year. During the period when a physiotherapist was available some 40 children received treatment. Not all of these were orthopaedic cases, since she also

undertakes breathing exercises and postural drainage for children suffering from chest conditions.

11. SPEECH THERAPY CLINIC

The services of the speech therapist, who is the only speech therapist practising in the County Borough, are shared with the Hospital Management Committee. The clinic remained staffed and open throughout the year, but although some progress was made in the reduction of arrears accumulated from the previous year, there is still a sizeable waiting list.

The number of children who received treatment during the year was 144, compared with 100 in the last year, and the number of attendances increased from 963 to 1890.

One session each week in term time was allocated to the Open Air School, where there are a number of spastic children with speech defects, and another session to St.Christopher School.

The following Table shows the number and classification of defects under treatment during the year:-

Diagnosis	*Boys*	*Girls*	*Total*
Hypernasality	2	1	3
Dyslalia	61	24	85
Stammer	17	5	22
Cleft Palate	5	3	8
Delayed Speech	13	6	19
Cerebral Palsy	3	4	7
	101	43	144

12. CHILD GUIDANCE CLINIC.

The organisation of the Child Guidance Clinic was described in some detail in last year's report. The clinic was fully staffed throughout the year, on the present basis of a part-time psychiatrist two educational psychologists (who also form the school psychological service) and one psychiatric social worker. The need for more sessions by the psychiatrist and an additional psychiatric social worker when more adequate premises are available, has been the subject of comment in previous reports. There were no special features or fresh developments during the year.

The following Table summarises the work done at the Clinic during the year:-

CHILD GUIDANCE CLINIC

Part time Psychiatrist:

Interviews with children	704
Interviews with parents	700
Interviews with Head Teachers, Probation Officers and other agencies	65

Psychiatric Social Worker:

Interviews with parents	1153
Interviews with children	323
Home Visits	116
Visits - other agencies (e.g. Probation Officers) ...	423

Educational Psychologists:

Interviews with children at clinic	1071
Interviews with children at school	475
Interviews with parents	559
Interviews with Head Teachers	351
Interviews with Probation Officers and other agencies	119
Home Visits	50

The following tables show the sources of referral in the 157 cases referred to the clinic during the year, and the age range of the children concerned:-

Sources of Referral	*Boys*	*Girls*	*Total*
Parents	7	6	13
Principal School Medical Officer	7	4	11
Probation Officers/Juvenile Court	16	2	18
Private Doctors ...	46	22	68
Other Agencies ...	4	5	9
Medical Officers (S.G.H.)	3	3	6
Educational Psychologists	6	6	12
Head Teachers ...	16	4	20
	105	52	157

Age Range	*Boys*	*Girls*	*Total*
Under 5 years	5	3	8
5 - 7 years	26	10	36
8 - 10 years	22	15	37
11 - 13 years	34	17	51
14 - 16 years	16	7	23
16 + ...	2	-	2
	105	52	157

FOLLOWING-UP AND WORK OF NURSES.

The combined health visitor and school nurse is the general field worker of preventive medicine, and although, as the complexity and volume of the local authority's responsibilities increase, some of her functions tend to be taken over by specialist officers, and others undertaken by less highly trained personnel, the duties remaining to her are many and varied, and cannot be adequately represented in graphic form. Except as a notional allocation for

accountancy purposes, it is impossible to separate the functions she performs for the local health authority from her duties as a school nurse. A visit to a home where there is a baby may involve questions about the health of a school child. Infectious disease enquiries may necessitate a visit to the school as well as the home. Investigations of the social and economic circumstances of a family, undertaken for a diversity of reasons, may lead to advice about the adequacy of a school child's clothing or the need for free dinners. Thus the school nurse's time is not to be measured solely by the amount of time she spends in the schools conducting cleanliness surveys or accompanying the medical officer at periodic inspections.

In order to make the best use of the limited supply of trained health visitors, increasing use has been made of general trained nurses not possessing the health visitor qualification, for such purposes as immunisation clinics, the B.C.G. vaccination programme, and tuberculin test surveys. Nevertheless, despite a full establishment this year, it was not possible to initiate the experiment of decentralisation under a group adviser, to which reference was made in last year's report.

The following Table shows the follow-up visits made by the nurses during the year:-

	No. of Children	*No. of Visits*
Enlarged tonsils, adenoids or mouth-breathing	59	55
Squint or defective vision ...	116	113
Deformities	7	7
Verminous conditions	136	137
Infectious diseases	239	140
Contagious skin diseases (Impetigo, Scabies, Ringworm) ...	33	24
Malnutrition, neglect etc. ...	47	35
Defective teeth	57	52
Tuberculosis	2	2
Other conditions, e.g. Blepharitis, Bronchitis, Otorrhoea, etc.	289	284
Total	985	849

HANDICAPPED PUPILS.

(A) EDUCATIONAL SUBNORMALITY

Ministry of Education Circular 12/60 drew attention to the provisions of Section 11 of the Mental Health Act, 1959, which came into force on the 1st November. The existing Section 57 of the Education Act, 1944, which deals with children suffering from a disability of mind which makes them unsuitable for education at school, and children who may require further care on account of a disability of mind after leaving school, is replaced by three new sections.

Hitherto a decision that a child was unsuitable for education at school, although subject to appeal to the Minister at the time, could only subsequently be reviewed at the request of the local

health authority or of the managers of an institution where the child was under care. The new provisions enable the parents to request a review annually if they so desire, and the education authority's decision is subject to appeal on each occasion.

A child cannot be excluded from the educational system except upon a recommendation made to the local education authority as a result of a statutory examination conducted in accordance with the requirements of the section, and it is proper that parents should be informed of their legal obligations and rights. Compliance with the Act necessitates the service upon the parents of a notice requiring them to present the child for examination, under penalty of a fine on summary conviction for failure to do so without reasonable excuse.

The desirability of softening the asperities of this procedure is recognised, and it is recommended that the official notice should be accompanied by an informal and friendly letter, telling the parents about the purpose and possible consequences of the examination, and giving them a clear explanation of the authority's intentions and of their rights under the law.

The advice that a child is so backward as to be unable to go to school is always unwelcome and distressing to parents. It is often regarded as equivalent to a verdict that their child is suffering from an incurable disease, and they are sometimes emotionally incapable of accepting it without lengthy preparation and sympathetic understanding on the part of the medical officer. It is unfortunate that it should be necessary to conduct a medical consultation under the threat of prosecution, no matter how carefully the explanatory letter is phrased.

The Circular refers to the desirability of increasing the number of children who receive a trial of special education before being examined under Section 57, and goes on to say that normally a child should not be excluded from school until a decision has been reached under the Section.

Many children who may later be suitable for trial at a special school are not sufficiently mature at the age of five for class tuition, and indeed, it will be recollected that prior to the present Education Act of 1944, attendance at a special school could not be enforced below the age of seven. If they are not to be excluded, the authority is left with the alternative of either reporting them under Section 57, before either the parent or the doctor is convinced of the justification for this, except in a temporary sense, or of admitting them to school, or providing them with home tuition.

These difficulties would be largely overcome if the temporary exclusion of such children from school was legalised. This would allow time for the social development of the child to reach a

stage when he is ready to participate in group activities, or alternatively to enable the parent to become reconciled to the view that he is unlikely to be suitable for education at school. Moreover, a number of these children whose social habit training is inadequate to permit their admission to school, would be suitable for a period of training at the Junior Training Centre, which might render them acceptable for trial at special school if subsequent re-assessment showed this to be justifiable.

In this connection it should be noted that St.Christopher School has a considerable waiting list and it is rarely possible to admit a child before the age of seven. It is apparent that if the policy advocated is to be adhered to it will be necessary substantially to increase the number of special school places available, preferably by the creation of small teaching groups for children between the ages of five and seven, and children of doubtful suitability for schooling, who require to be given a trial.

Children are now ascertained as "unsuitable for education at school", instead of "incapable of receiving education at school". This distinction, which was introduced in order to avoid the implication that a child is "ineducable", leaves unresolved the intellectual dilemma created by Section 116 of the Education Act as amended, which excludes children who are the subject of a decision under Section 57 from the provisions of the Act. Children who are receiving home tuition are usually receiving it because they are, for the time being at least, unsuitable for education at school, but the authority can only continue to provide them with home tuition by abstaining from recording a decision that they are "unsuitable". The number of children who are provided with home tuition primarily on account of a "disability of mind" is however only a minority.

The development of the school psychological service has resulted in an increasing number of backward children coming to notice initially via the Educational Psychologist, and although the ultimate decision to recommend report under Section 57 rests with the medical officer, the assessment by intelligence tests which form an important part of the report, is often undertaken by the psychologist. Moreover, it is in the more difficult or doubtful cases that an independent assessment by the psychologist is most valuable. There is, however, no power to require examination by the psychologist.

The procedure for statutory report to the local health authority in respect of a child about to leave school who may require supervision on account of a disability of mind, has been allowed to lapse, since there is no "statutory" supervision under the new Mental Health Act. Authorities are, however, enjoined to continue to furnish information to the local health authority in appropriate cases.

(b) HOMES AND HOSPITAL TUITION.

Home tuition cannot be a complete substitute for whole-time education at school. Apart from economic factors and the shortage of teachers, most of the children for whom home tuition is recommended could not profitably make use of a whole-time teacher. They are children with severe handicaps whose attention-span, and capacity for sustained effort is limited. Nevertheless it provides a stimulus and interest for those who, though they may never be able to attend school, are capable of learning, and for those whose incapacity is temporary it helps to bridge a gap and ensure some continuity of education until they can resume attendance. Some ten children received home tuition during the year, and this is about the maximum that one teacher can usefully deal with if each child is to receive a worthwhile amount of her time.

Hospital tuition is provided for four sessions a week, and continues beyond the ordinary period of the school terms. The number of long-stay child patients at Southend General Hospital is very small, but here again the provision of educational continuity is valuable in sustaining the child's interest, providing diversion from the monotony of enforced idleness, and making it easier for him to resume his place in the school after he has recovered.

(c) SPECIAL CLASSES FOR MALADJUSTED PUPILS.

The two-class unit at Chalkwell Primary School continued to do valuable work in premises which are not ideally suited to the purpose. Success has been achieved with a number of seriously disturbed children, and although this type of provision is expensive of teacher-time, the classes being limited to ten pupils, it has to be remembered that the only alternative for these children is a residential special school. The second class was opened only in 1959, but the demand for places has continued to grow, and a third class was added in January, 1961. This will make possible a greater flexibility in the educational curriculum and also enable provision to be made for a number of maladjusted girls.

Experience over a period of three years has confirmed the value of special classes in a day school for this type of child. The Committee has therefore approved in principle the provision of a five-class special school, catering for a total of fifty maladjusted pupils. This would provide a unit of sufficient size to permit of adequate classification according to age, educational needs and psychological problems, and would have the advantage of a self-contained entity. The choice of site for a project of this nature presents some special problems, including that of transport, and the possibility of the future addition of a small residential hostel in association with the school should not be overlooked.

(d) REMEDIAL READING CENTRES.

The children attending these centres, of which there are four, are not officially classified as handicapped pupils. They are, in the main, children of normal intelligence who are retarded in reading, but who may be expected to realise their potential ability with special help. This is largely an educational problem, and the channel of ascertainment is usually via the head teacher and the educational psychologist. A proportion of them, however, have emotional problems associated, whether as cause or effect, with their disability, or are discovered in the course of investigation for suspected subnormality, and thus come within the purview of the psychiatrist and the school medical officer.

The importance of early ascertainment of specific reading disabilities is increasingly recognised, and the average age on admission to the classes has shifted from the secondary to the primary school group.

(e) PARTIALLY DEAF UNIT

The work of the Partially Deaf Unit is not fully to be comprehended from the statistical table, which shows only six children in attendance. This relates to children attending whole-time, but in addition there were thirteen others attending part-time. Some of the younger children, under five years, are visited by the teacher at home, and are not yet ready for full-time attendance. Older children who have already received auditory training are able to attend ordinary schools with their hearing aids, and only require to attend the unit part-time for special help. This policy is in any case the only practicable means of providing for the needs of a substantial number of children with a wide age-range and different degrees of hearing loss and speech development, in a single-class unit with only one teacher.

The projected establishment of a second class when the unit moves to Prince Avenue School in 1961 will make it possible to use teaching time to better advantage and provide a more adequate service for those children who could benefit from more time in the unit.

Children attending the unit are reviewed periodically by the school medical officers, and those who are discharged from regular attendance are followed-up by the teacher after their return to ordinary schools.

Handicapped Pupils	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically handicapped.		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic (10) Speech Defects		TOTAL (1)-(10)
In the year ended 31st December, 1960:-	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Newly placed in Special Schools	-	1	1	-	21	4	23	2	-	-	52
B. Newly ascertained as requiring special schooling	-	2	-	-	18	6	25	4	-	-	55
C. (i) 1. Attending maintained special schools:-											
(a) Day	-	-	-	-	45	25	108	-	-	-	178
(b) Boarding	-	1	2	2	1	-	2	1	-	-	9
2. Attending non-maintained special schools:-											
(a) Day	-	-	-	-	-	-	-	-	-	-	-
(b) Boarding	4	6	3	1	1	5	4	3	3	-	30
(ii) Attending independent schools	-	-	2	-	-	4	2	5	-	-	13
(iii) In Boarding Homes	-	-	-	-	2	-	-	-	-	-	2
TOTAL	4	7	7	3	49	34	116	9	3	-	232
D. Receiving Education otherwise than at school:-											
(i) In hospital	-	-	-	-	5	5	-	-	-	-	10
(ii) In other groups	-	-	-	6	1	-	-	24	-	-	31
(iii) At home	-	-	-	-	-	4	-	1	-	-	5
E. Requiring Places in Special Schools.											
(i) Day	-	-	-	-	1	-	18	1	-	-	20
(ii) Boarding	-	-	-	-	1	2	1	1	-	-	5

SPECIAL SCHOOLS:

ST. CHRISTOPHER SCHOOL.

Reference has been made in the preceding section to the desirability of enabling more children to be admitted to this school at an earlier age, and of making a wider use of a trial period at school before recommending action under Section 57 of the Act. There is at present a substantial waiting list, amounting to 18 children after making allowance for the intake in the January term 1961, and this means that, irrespective of the policy adopted, many of these children cannot be provided with special education until a considerable time after they have been found to require it.

This situation can only be remedied in two ways: either by creating more places specifically for the younger and the more seriously retarded children, or by providing more special classes in the ordinary schools for the children in the higher range of subnormality. It is desirable to maintain a fairly wide I.Q. range in the special school, partly because it should continue to provide for the needs of those children who, although their intelligence is in the upper range of subnormality, present special problems, and partly because special schooling is more readily acceptable to parents if they know that it caters for a wide range of ability.

To open the school to children at an earlier age, does not of itself imply a lowering of the I.Q. standards. Nevertheless it would seem that a combination of the two methods suggested would best meet the need.

BLIND AND PARTIALLY SIGHTED

	Boys	*Girls*
West of England School for the Partially Sighted	1	-
Dorton House, Aylesbury	1	1
Worcester College	1	-
Rowton Castle	-	1
Chorleywood College	-	1
Barclay, Sunninghill	-	2
Condover Hall	-	1
Exhall Grange, Coventry	2	-

DEAF AND PARTIALLY DEAF

Royal School for the Deaf, Margate ...	3	-
Portley House, Caterham	-	1
Mill Hill Oral School, Haywards Heath ...	-	1
School for Jewish Deaf, Wandsworth Common	-	1
Nutfield Priory	-	1
Needwood School for the Partially Deaf	1	1
Mrs. Ingall's Woodford Green	-	1
Hamilton Lodge	1	-
Royal Cross, Preston	1	-

	Boys	Girls
EDUCATIONALLY SUBNORMAL		
High View, Chigwell	1	-
East Hill House	1	-
Pitt House School, Chudleigh	1	-
Thornbury House	1	-
Besford Court	4	-
Ramsden Hall	1	-
Halstead Place	1	-
Wavendon House	-	1
PHYSICALLY DEFECTIVE AND DELICATE		
Palace School, Ely	-	2
Trueloves, Ingatestone	1	-
Burton Hill House, Malmesbury	-	1
St.Monica's Home, Kingsdown	1	-
Hawksworth Hall	-	1
St.Mary's, Bexhill-on-Sea	-	2
Wanstead House, Margate	-	1
Wilfred Pickles School, Duddington	1	-
Thomas Delarue, Tonbridge	-	1
Ogilvie, Clacton	1	-
Shaftesbury House, Rustington	1	-
Craig-y-Parc, Cardiff	-	1
Davos, Switzerland	1	-
Suntrap, Hayling Island	1	-
Palingswick House	1	-
Laleham, Margate	-	1
St.Dominic's Open Air, Godalming	1	-
EPILEPTIC		
Colthurst House	1	-
Lingfield Hospital School	3	-
MALADJUSTED		
St.Catharine's Home, Almondsbury	2	-
Homestead, Langham	1	-
St.Peter's, Wakefield	-	1
St.Joseph's, East Finchley	-	1
Alresford Place	1	-
Greenwood, Halstead	-	1
Farney Close, Bolney	2	-
St.Christopher's, Great Missenden	-	1
Thos.More School, Frenshaw	1	-
Broadview House, Hayling Island	1	-

DAY OPEN AIR SCHOOL

The first phase in the alterations at this school, which was completed in 1958, has greatly improved the accommodation in the classrooms, toilet suites and space for physiotherapy. It is unfortunate that the much needed second phase, which includes a new hall, kitchen, and ablution facilities, has had to be excluded from the building programme for 1962-3.

The school was again without a physiotherapist from May onwards, owing to difficulties in recruitment. The need for physiotherapy has become more prominent in recent years, because the school now accepts a higher proportion of physically handicapped pupils than formerly, and at the same time it is less easy for the hospital to provide physiotherapy, as the Department of Physical Medicine is affected by the same shortage of trained staff.

The 100 places (excluding the Nursery class) which the school provides are more or less filled throughout the year, although it has been possible to avoid a waiting list despite the allocation of a larger number of places to the Essex County Council.

The deputy school medical officer visits the school each week, examining a number of children on each occasion. Each child is thus examined at least once a term, and 326 special examinations were undertaken during the year. Close liaison is maintained with the adjacent hospital, whose staff have been, as always, most helpful in the numerous medical problems which arise in a school catering for such a wide range of disabilities.

The following Table shows an analysis of the medical condition of the 128 children who were in attendance during the year:-

	Boys	*Girls*
Asthma	22	13
Bronchiectasis	5	2
Recurrent Respiratory Infections	11	9
Recovered Pulmonary Tuberculosis	1	1
Diabetes	1	1
Cerebral Palsy	7	5
Post-poliomyelitis	6	3
Pseudo-hypertrophic Muscular Dystrophy	2	1
Congenital Heart Disease	2	2
Non-pulmonary Tuberculosis	-	1
Haemophilia	2	-
General Debility	6	3
Spina Bifida	3	2
Perthes Disease	1	1
Fragilitas Ossium	2	3
Osteomyelitis	1	-
Arthro-gryposis	1	-
Epilepsy	-	1
Multiple congenital defects	-	1
Sacral agenesis	1	-
Hydrocephalus	1	-
Gastric Ulcer	1	-
Dermatomyositis	-	1
Osteogenesis Imperfecta	-	1
Amyotonia Congenita	1	-
	77	51

NURSERY CLASSES.

There is still a large unsatisfied demand for nursery school places, which is not by any means confined to children whose mothers wish to undertake employment for economic reasons. The headmistresses of the two nursery classes, at the Open Air School and Bournemouth Park Infants School, are always most sympathetic and helpful in trying to find room for children who are recommended on account of special medical or social circumstances.

TRAINING OF DISABLED PERSONS.

The special classes for backward readers and for the hard of hearing held at the Municipal College, continue to fill a limited but definite need.

A small number of children with serious handicaps remain at

special schools over the age of 16 years, under the Committee's arrangements for further education. The Youth Employment Officer and the Disablement Resettlement Officer of the Ministry of Labour are consulted in regard to pupils for whom vocational training or sheltered employment appear to be indicated.

EMPLOYMENT OF SCHOOL CHILDREN.

The number of children examined prior to employment out of school hours was 532 compared with 438 in the previous year. Of this total 413 were boys and 119 were girls. Grammar school pupils totalled 71 boys and 22 girls, a substantial increase on the previous figures.

In addition 1 boy and 21 girls were examined prior to temporary theatrical engagements.

The morning delivery of newspapers continues to be the most common form of juvenile employment.

YOUTH EMPLOYMENT SERVICE

The school medical officers advise the youth employment officer and parents about the special needs of any school leavers who have a handicap which might limit their choice of employment, or where registration as a Disabled Person may be advised. The confidential school leaving reports, which include the pupil's own expressed preference for a career, are scrutinised in association with his medical records. Children with major handicaps, and those in attendance at special schools are of course already known to the medical officers, and advice can usually be given on the basis of their medical records, but where necessary arrangements are made for a special examination.

The advice and help of the youth employment officers in the placement of handicapped children leaving special schools has been, as always, most valuable.

SCHOOL HYGIENE.

The borough architect invariably affords the principal school medical officer an opportunity of commenting on the plans of new schools or structural alterations to the existing schools. The improvement and modernisation of cloakrooms and sanitary accommodation of the older schools is proceeding steadily, so far as the building programme permits.

The hygienic conditions in the kitchens of the school meals service are in general satisfactory, and the advice of the chief public health inspector is always available where necessary.

INFECTIOUS DISEASES.

There was no major outbreak of infectious disease during the

year. The seasonal prevalence of the common infections of childhood did not present any unusual problems. There has been no reason to regret the more liberal policy in regard to the exclusion of contacts which was adopted in 1958.

An increasing number of cases of infective hepatitis has been reported in recent years. This condition is notifiable in the Eastern Region and some other areas, but not nationally. The epidemiological picture is complicated by the long and variable incubation period, which may be anything from 10 to 40 days. This makes it difficult to trace the source of infection, and indicates that contact exclusion would be of little value as a method of control. Parallel with the increased prevalence, multiple cases in the same family have been observed much more frequently.

TUBERCULOSIS.

Following a report from the Consultant Chest Physician that a pupil at a girls' secondary school had been found to be suffering from pulmonary tuberculosis, and was presumed to have been infective while still attending school, a tuberculin test survey of the whole school was undertaken.

In the course of this, 831 pupils were tested initially, together with 73 other school children who had had opportunities of contact in inter-school activities. The negative reactors from the first survey were re-tested three months later, together with a further 123 new entrants to the school, making a total of 1027. The inclusion of the September entrants was undertaken because the first investigation disclosed several secondary cases, and it became obvious that a fairly lengthy surveillance of the school would be necessary, and it was felt that it would be an advantage to know the tuberculin sensitivity of the new entrants at the time of their admission.

This investigation will be reported more fully in the Annual Report of the Medical Officer of Health.

A pupil at a boys' Grammar School was notified in October as suffering from primary tuberculosis. It was thought likely that infection had taken place during the summer and that he might have been infective at the commencement of the autumn term. During the summer holiday he had attended a school camp.

As investigation of his family contacts failed to disclose the source of his infection, it was decided to test his more immediate contacts at school and the other members of the camping party. Most of the school contacts were already due to be tested in connection with the B.C.G. vaccination programme, and a special effort was made to secure a high acceptance rate.

A total of 161 boys were tested and the positive reactors, together with members of the staff who had attended the camp were x-rayed, but no significant findings were disclosed.

PROPHYLACTIC MEASURES.

(a) B.C.G.VACCINATION.

Testing by the multiple puncture method, and B.C.G.vaccination, was continued throughout the year, in order to overcome the arrears which had accumulated when the programme had to be suspended in 1959 in order to give priority to poliomyelitis vaccination.

During the year 3734 pupils were tested prior to vaccination, and 3139 negative reactors received B.C.G.

In addition it was decided to extend the offer of tuberculin testing to children in the second year, although they will not be eligible for B.C.G. until 1961/62. In this age group 899 children were tested, of whom 57 showed a positive reaction, a positive rate of 6.4 per cent.

With the co-operation of the consultant chest physician, all positive reactors were offered x-ray examination.

This substantial programme of B.C.G. vaccination has of necessity to be undertaken in the schools rather than by clinic attendance. The Health Committee, whose primary responsibility it is, and the principal school medical officer, are most grateful to the heads and staffs of the schools for their helpful co-operation.

(b) POLIOMYELITIS VACCINATION.

No special programme in the schools was necessary this year, but vaccination was available to all children and eligible adults.

In February, 1960, adults up to forty years of age became eligible for vaccination, and special arrangements were made to bring this to the notice of teaching staffs.

(c) OTHER.

The Health Committee's immunisation scheme has now been extended to include active immunisation against tetanus, and it is hoped that in time a substantial number of schoolchildren will have received this protection and will thus not require the administration of tetanus antitoxin when they sustain trivial injuries on the playing fields.

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	*No. of Pupils Inspected*	*Physical Condition of Pupils Inspected*			
		SATISFACTORY		**UNSATISFACTORY**	
		No.	% of Col.2	No.	% of Col.2
(1)	(2)	(3)	(4)	(5)	(6)
1956 & later	22	22	100.0	-	-
1955	202	202	100.0	-	-
1954	498	498	100.0	-	-
1953	385	385	100.0	-	-
1952	291	291	100.0	-	-
1951	378	378	100.0	-	-
1950	368	368	100.0	-	-
1949	406	404	99.51	2	0.49
1948	441	441	100.0	-	-
1947	476	476	100.0	-	-
1946	514	514	100.0	-	-
1945 & earlier	498	498	100.0	-	-
TOTAL	4,479	4,477	99.96	2	0.04

TABLE B - PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	*For defective vision (excluding squint)* (2)	*For any of the other conditions recorded in Part II* (3)	*Total individual pupils* (4)
1956 and later	-	1	1
1955	4	10	14
1954	4	16	20
1953	5	16	21
1952	7	14	21
1951	17	24	40
1950	13	26	39
1949	15	16	31
1948	30	12	41
1947	27	14	41
1946	30	23	52
1945 and earlier	23	20	42
TOTAL	175	192	363

TABLE C - OTHER INSPECTIONS

Number of Special Inspections	9,134
Number of Re-inspections	10,763
Total	19,897

TABLE D

INFESTATION WITH VERMIN

(I) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	48,942
(II) Total number of individual pupils found to be infested	81

PART II - DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A - PERIODIC INSPECTIONS

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER 1960.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin ...	22	56	45	19	22	35	89	110
5	Eyes -								
	(a) Vision ...	37	111	80	178	58	88	175	377
	(b) Squint ...	5	30	-	3	3	12	8	45
	(c) Other ...	-	5	3	1	-	6	3	12
6	Ears -								
	(a) Hearing ...	1	37	-	6	-	14	1	57
	(b) Otitis Media	-	23	-	4	-	6	-	33
	(c) Other ...	-	1	-	2	1	-	1	3
7	Nose and Throat	21	191	1	21	5	58	27	270
8	Speech ...	-	22	-	2	1	10	1	34
9	Lymphatic Glands	-	51	-	-	-	13	-	64
10	Heart ...	-	10	-	4	-	2	-	16
11	Lungs ...	2	55	-	30	-	40	2	125
12	Developmental -								
	(a) Hernia ...	1	3	2	-	-	2	3	5
	(b) Other ...	1	33	-	5	2	28	3	66
13	Orthopaedic -								
	(a) Posture ...	-	8	-	2	-	3	-	13
	(b) Feet ...	-	14	-	7	1	15	1	36
	(c) Other ...	-	37	1	11	1	25	2	73
14	Nervous system -								
	(a) Epilepsy...	-	6	-	5	-	2	-	13
	(b) Other ...	-	2	-	22	-	5	-	29
15	Psychological -								
	(a) Development	-	13	-	-	-	3	-	16
	(b) Stability	-	16	-	3	-	18	-	37
16	Abdomen ...	-	20	1	2	-	14	1	36
17	Other ...	30	98	2	9	18	37	50	144

TABLE B - SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS Requiring Treatment (3)	SPECIAL INSPECTIONS Requiring Observation (4)
4	Skin	503	41
5	Eyes - (a) Vision... ...	731	25
	(b) Squint... ...	9	1
	(c) Other	65	3
6	Ears - (a) Hearing ...	37	2
	(b) Otitis Media...	11	-
	(c) Other	18	-
7	Nose and Throat	61	12
8	Speech	9	2
9	Lymphatic Glands	6	-
10	Heart	4	2
11	Lungs	18	6
12	Developmental:-		
	(a) Hernia... ...	1	-
	(b) Other	-	1
13	Orthopaedic:-		
	(a) Posture ...	4	1
	(b) Feet	30	4
	(c) Other	42	9
14	Nervous system:-		
	(a) Epilepsy ...	-	-
	(b) Other	6	-
15	Psychological:-		
	(a) Development ...	5	-
	(b) Stability ...	274	-
16	Abdomen	13	6
17	Other	714	112

PART III - TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - EYE DISEASE, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	184
Errors of refraction (including squint)	602
Total	786
Number of pupils for whom spectacles were prescribed	298

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	11
(b) for adenoids and chronic tonsillitis	327
(c) for other nose and throat conditions	17
Received other forms of treatment	292
Total	647

Total number of pupils in school who are known to have been provided with hearing aids.	
(a) in 1960	8
(b) in previous years	26

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	333
(b) Treated at school for postural defects ...	-

TABLE D - DISEASES OF THE SKIN (excluding uncleanliness for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm - (a) Scalp	-
(b) Body	-
Scabies	5
Impetigo	12
Other skin diseases...	525
Total	542

TABLE E - CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	269

TABLE F - SPEECH THERAPY

Pupils treated by Speech Therapist	144

TABLE G - OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	2654
(b) Pupils who received convalescent treatment under School Health Service arrangements	2
(c) Pupils who received B.C.G. vaccination	3139
(d) Tuberculin Survey (other than for B.C.G.)	1926
(e) Physiotherapy	40
(f) Orthoptic Clinic	213
Total	7974

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers:-		
(a) At Periodic Inspections ...		3,585
(b) As Specials ...		1,836
TOTAL		5,421

(2) Number found to require treatment	3,779
(3) Number offered treatment	3,709
(4) Number actually treated	2,876
(5) Number of attendances made by pupils for treatment including those recorded at 11 (h) below	5,026
(6) Half days devoted to:-	
(a) Periodic (School) Inspection	21
(b) Treatment	410
Total	431
(7) Fillings:-	
Permanent teeth	1,549
Temporary teeth	42
Total	1,591
(8) Number of teeth filled:-	
Permanent teeth	1,478
Temporary teeth	42
Total	1,520
(9) Extractions:-	
Permanent teeth	979
Temporary teeth	4,798
Total	5,777
(10) Administration of general anaesthetics for extraction	2,862
(11) Orthodontics:-	
(a) Cases commenced during the year	61
(b) Cases carried forward from previous year	52
(c) Cases completed during the year	29
(d) Cases discontinued during the year	15
(e) Pupils treated with appliances	61
(f) Removable appliances fitted	72
(g) Fixed appliances fitted	-
(h) Total attendances	966
(12) Number of pupils supplied with artificial teeth	23
(13) Other operations:-	
(a) Permanent Teeth	241
(b) Temporary Teeth	-
Total	241